

The Ponds School 201 The Ponds Boulevard The Ponds NSW 2769
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Principal: Mrs Leonie Donaldson

CONSENT FORM FOR MEDICATION

I hereby authorise the staff at The Ponds School to give the following medication to my child:

NAME:		-			
MEDICATION:					
DOSAGE:					
TIME TO BE GIVEN:					
SHORT-TERM	DURATION ON-G	OING AS NEEDED			
INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICATION:					
I will notify the Princip	oal in writing of any change of medication.				
All medication MUST be contained in an official chemist's packaging with the appropriate instructions					

and dosage taken from the original prescription.

Signature _		
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Date: _____

Parent/Caregiver