



The Ponds School  
*Believe Learn Achieve*

The Ponds School  
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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: \_\_\_\_\_

INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will notify the Principal 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: \_\_\_\_\_  
Parent/Caregiver

Date: \_\_\_\_\_