Eastwood Heights Public School

Lincoln Street
Eastwood 2122
Phone: 9876 4732
Email: eastwoodht-p.school@det.nsw.edu.au
Web: eastwoodht-p.schools.nsw.gov.au

MEDICATION PERMISSION NOTE

STUDENT'S NAME: _____ CLASS: _____

Doctor :
_____

Address:
_____

Phone:
_____

I give permission for the school staff to administer the following for my child:

MEDICATION: _____

DAILY DOSAGE AT SCHOOL: _____

TIME OF ADMINISTRATION: _____

DATES OF ADMINSTRATION: _____

Signed: _____ Date: _____

Parent/ Carer