

ST MARYS PUBLIC SCHOOL

My child _____ of class _____ is
suffering from _____ as diagnosed by
Doctor _____ therefore I,
_____ give permission for the Principal or her
delegate to administer medication to my child _____ as
specified below.

Name of Medication: _____

Dosage: _____ Time to be administered: _____

For a period of _____ day/s. As required.

Signature of Parent / Guardian

Date

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