



Hurstbridge  
Primary School

• Imagine • Believe • Achieve •

Main Road, Hurstbridge 3099

T: 03 9718 2386

F: 03 9718 1748

E: hurstbridge.ps@edumail.vic.gov.au

## MEDICATION PERMISSION FORM

Student: \_\_\_\_\_ Grade \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Time to be taken: \_\_\_\_\_ Reminder Required: Yes No

Other instructions:

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Parent will collect the medication at the end of the day: Yes No

Medication will remain in the First Aid Room: Yes No

Parent's Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Signature: \_\_\_\_\_

**\* PLEASE NOTE: Children are not permitted to deliver or collect medication.**



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