

• 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



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MEDICATION PERMISSION FORM

Student:	Grade	Student:	Grade
Medication:		Medication:	
Dosage:		Dosage:	
Start Date:	Finish Date:	Start Date:	Finish Date:
Time to be taken:	Reminder Required: Yes No	Time to be taken:	Reminder Required: Yes No
Other instructions:		Other instructions:	
Parent will collect the medic	cation at the end of the day: Yes No	Parent will collect the medic	eation at the end of the day: Yes No
Parent will collect the medication at the end of the day: Yes No		,	
Medication will remain in the First Aid Room: Yes No		Medication will remain in the First Aid Room: Yes No	
Parent's Name:		Parent's Name:	
Contact No:		Contact No:	
Signature:		Signature:	
* PLEASE NOTE: Children are not permitted to deliver or collect medication		* PLEASE NOTE: Children are not permitted to deliver or collect medication	

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