APPENDIX ONE

St Thomas the Apostle
Primary School
Boddington Crescent
Kambah, ACT 2902
Phone: (02) 6231 4144
Fax: (02) 6296 2621
www.sttap.cg.catholic.edu.au

Request to Dispense Medicine

To be completed by Parent or Guardian

I request that my child:

_____ *(Full Name of Student)*

in _____ *(Roll Class)* **be given**

_____(*Name of Medication)*

at _____ **in dosages of** _____

(t*imes)* *(ml or tablets)*

For the Medical Condition:

_____

Any other relevant comments:

_____

_____

Signed:

Parent/Guardian _____ *Date* _____