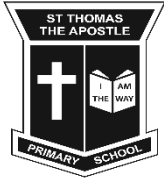


APPENDIX ONE



**St Thomas the Apostle
Primary School**

Boddington Crescent
Kambah, ACT 2902

Phone: (02) 6231 4144

Fax: (02) 6296 2621

Office.sttapkambah@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 _____
(times) (ml or tablets)

For the Medical Condition:

Any other relevant comments:

Signed:

Parent/Guardian _____ Date _____