



**REQUEST TO ADMINISTER MEDICATION TO CHILDREN AT
WOODLANDS FULL PRIMARY SCHOOL.**

I/We parent/guardian request that
staff members of Woodlands Full Primary School administer the following medication dosage to my
child
(child's name)

The school takes no responsibility for any consequences suffered by the administration of this drug.

NAME OF MEDICATION/S:

QUANTITY:

TIME OF DAY:

DATES TO BE GIVEN:

SIGNED: DATE:
(Parent/Guardian/Caregiver)