

HUNTLY PRIMARY SCHOOL No. 306

BRUNEL STREET, HUNTLY, VIC. 3551.

PHONE 5448 8866

PRINCIPAL: **MR CRAIG BURNETT**



DATE

PARENT'S NAME:

ADDRESS:

TELEPHONE:

 (Business Hours)

Dear Principal,

I request that my child (name) _____ be administered the following medication whilst at school, as prescribed by the

NAME OF MEDICATION:

DOSAGE (AMOUNT):

TIME:

I have sent the medication in the original container displaying the instructions provided by the pharmacist. Yours sincerely,

Staff administering medication: Date: _____ Time: _____

Name: _____ Signed: _____

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