

ST MARYS PUBLIC SCHOOL

My child \_\_\_\_\_ of class \_\_\_\_\_ is  
suffering from \_\_\_\_\_ as diagnosed by  
Doctor \_\_\_\_\_ therefore I,  
\_\_\_\_\_ give permission for the Principal or her  
delegate to administer medication to my child \_\_\_\_\_ as  
specified below.

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

For a period of \_\_\_\_\_ day/s.  As required.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

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