



ST BENEDICT' S PRIMARY SCHOOL
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NARRABUNDAH ACT 2604
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Request to Dispense Medicine

To be completed by Parent or Guardian

I request that my child:

_____ (Full Name of Student)

be given / allowed to take

_____ (Name of Medication)

at _____ in dosages of _____
(times) (ml or tablets)

For the Medical Condition:

Any other relevant comments:

Signed: _____ Date _____