



St Benedict's Primary School

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FORM 1

Request to dispense medication

To be completed by parent or guardian only.

I request that my child:

_____ (Full Name of Student)

be given / allowed to take/receive

_____ (Name of Medication)

at _____ in dosages of _____

(times)

(ml or tablets)

For the medical condition:

Any other relevant comments:

Signed: _____ Date _____