



GOOD SHEPHERD PRIMARY SCHOOL

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Request to Dispense Medicine

To be completed by Parent or Guardian

I request that my child:

_____ (Full name of student)

_____ (Class)

be given/allowed to take

Name of Medication _____

at _____ (Times)

Dose: _____ (ie. Mls or tabs)

Dates: _____

For the medical condition:

Other relevant comments:

Parent/Guardian Name: _____

Signature: _____

Date: _____