



St Francis Xavier School

143 Bacchus Marsh Road

Corio 3214

Phone: 5275 1974

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Medication Form

Parent/s Name: _____

Student's Name: _____

Grade: _____

Name of Medication:

Dosage:

Time/s to be given:

I authorise staff at St. Francis Xavier Primary School to administer the above named medication to my child _____.

Signed: _____

Parent/s Name: _____

Date ___ / ___ / ___