



**St Thomas Aquinas
West Belconnen**

FORM 1

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 _____ **in dosages of** _____

(times) *(ml or tablets)*

For the Medical Condition:

Any other relevant comments:

Signed:

Parent/Guardian: _____ *Date:* _____