



**RICHARD JOHNSON**  
ANGLICAN SCHOOL  
OAKHURST CAMPUS • MARSDEN PARK CAMPUS

To: The Office Staff

Date: \_\_\_\_\_

I give the Office Staff permission to administer the following medication to my child

\_\_\_\_\_ of Class / Home Group \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

1<sup>st</sup> Dosage Required: \_\_\_\_\_ @ \_\_\_\_\_ am/pm

2<sup>nd</sup> Dosage Required: \_\_\_\_\_ @ \_\_\_\_\_ am/pm

This permission to administer medication remains in place until: *(tick whichever applies)*

- The end of the School Year
- Date: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature