



# Our Lady of Victories Primary School

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## Consent to Dispense Medicines (Short Term)

I ..... request my son/daughter ..... of  
(parent/guardian)

class ..... to be given ..... at ..... in  
(name of medication) (times)

doses of .....  
(mls or tablets or puffs)

Starting Date: ..... Finishing Date: .....

I can be contacted in an emergency on .....  
(phone number)

In an emergency requiring medical attention I authorise the school to contact:

Doctor .....

Address .....

Phone: .....

And to convey my child to the local hospital by appropriate transport which may be  
Ambulance.

Signature ..... Parent/Guardian

Date: .....