MEDICINE AUTHORITY FORM

I accept th	the decision to give this medication to my child, and acknowledge that the schoway responsible for that decision, now or in the future notifying the school about any changes in dosage, time, or procedures, by filling Medicine Authority form delivering the medication personally to school ensuring that the medicine is not past its expiry date. at the school: may not have a trained medical officer to administer medications cannot guarantee that medication will be given at a precise time or by the same will dispose of any uncollected medicine at the end of the year. ardian's name	gout a new
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I accept re		ol is in no
I accept re	sponsibility for:	
Name of p	rescribing doctor	
Condition	for which medicine is given	
Troccare		
Procedure	for giving medicine	
Time(s) wh	nen medicine is given	67 (33), De 143
l request	that my child be given the following medication:	
	r: Date:	oranga · learn
Room/Yea		
	ner:	To, are
Class teach	ner:	and To arri

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