



LITTLE RIVER PRIMARY SCHOOL

21 Flinders St, Little River, Victoria, 3211

Telephone (03) 5283 1214

Fax (03) 5283 1629

email: little.river.ps@edumail.vic.gov.au

INDIVIDUAL MEDICAL MANAGEMENT PLAN PERMISSION TO ADMINISTER MEDICATION

I give permission for the teachers/staff at Little River Primary School to administer medication to my child and that the:-

- The medication is in its original package
- The Pharmacy label matches the information on this form
- Parent instructions given for appropriate storage and transport (if required)

Student's Name

Medication

Dosage

Start Date End Date Ongoing

Parents Signature Date



LITTLE RIVER PRIMARY SCHOOL

21 Flinders St, Little River, Victoria, 3211

Telephone (03) 5283 1214

Fax (03) 5283 1629

email: little.river.ps@edumail.vic.gov.au

INDIVIDUAL MEDICAL MANAGEMENT PLAN PERMISSION TO ADMINISTER MEDICATION

I give permission for the teachers/staff at Little River Primary School to administer medication to my child and that the:-

- The medication is in its original package
- The Pharmacy label matches the information on this form
- Parent instructions given for appropriate storage and transport (if required)

Student's Name

Medication

Dosage

Start Date End Date Ongoing

Parents Signature Date