



PITT TOWN
PUBLIC SCHOOL

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PITT TOWN NSW 2756
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Medication Advice (Short term)

Name of Child: _____

Class/Year: _____

Date: _____ to _____

Reason: _____

Dosage: _____

Dosage Time: _____

Parent Authority- Name: _____

Parent Authority- Signature: _____

Administered: Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____