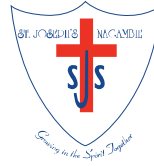




Catholic
Parish of
Nagambie

Growing in the Spirit Together

*St. Mary's Avenel
St. Malachy's Nagambie
St. Joseph's School Nagambie*



St. Joseph's School

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Email: principal@sjnagambie.catholic.edu.au
Website: www3.sjnagambie.catholic.edu.au

MEDICATION PRO-FORMA

I hereby give permission for my child _____ to receive the

Following medication during school hours:

Type of Medication: _____

Amount: _____

Date: _____

Time of Medication: _____

Parent Signature: _____

Teacher Signature: _____

Please note that medication must be in current prescription labeled container