

# NOTIFICATION TO STOP ADMINISTERING MEDICATION



Pakenham Hills  
Primary School  
*Life is for learning*

I ..... (Parent/Guardian)

would like to notify Pakenham Hills Primary School that my

child..... (Child's name and

surname) no longer receive medication at school.

.....(Please state name of medication).

Accordingly, I would like any remaining medication to:

Be returned.....(Please state how)

Be disposed of by the school (will be taken to a chemist)

(Please note, where disposal has not been indicated, the school will dispose of any remaining medications).

Signed:..... Dated: .....