**ADMINISTRATION OF MEDICINES IN SCHOOL**

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| **Child’s name:** |  |
| **Child’s class:** |  |
| **Condition or Illness:** |  |
| **Name of parent giving permission:** |  |
| **Signature** |  |
| **Parent’s Contact No.**  |  |
| **Date permission given** |  |
| **Name of medicine** |  |
| **Expiry Date** |  |
| **Dose** |  |
| **Time(s) medicine should be given** |  |

**School use only**

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| **Date** | **Dose** | **Time given** | **Member of staff** |
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**School use only**

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| **Date** | **Dose** | **Time given** | **Member of staff** |
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