

## Permission for school to administer medication

The school is only able to administer medication prescribed by a Doctor once you have completed and signed this form.

Child's Name	Class
Reason for Medication	: berz, ae/ibesiktynotosisukkentetestannunketestestestasbbesistestistesbbes
Type of Medication	**************************************
How long to be given	***************************************
There is the	Time of Day
Programme occount to the second	•
I understand that an adult must de the school office.	liver and collect the medicine personally to/from
5.2720	(Parent/Carer) Date