



ST. THOMAS OF CANTERBURY C OF E PRIMARY SCHOOL
MEDICATION

Child's name: _____ Class _____

Name of medication _____

ADMINISTRATION DETAILS:

Times: _____

Amounts: _____

I give my permission for school staff to administer
the above medication to my child.

I understand that the school will not take
responsibility to remind him/her.

Signed _____ Date _____

Relationship to child _____



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