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Headteacher Mr P Gibbins

I am writing to request that my child is given medication during school hours.

Child's name .....

Class .....

Medication .....

Dosage.....

Time to be administered .....

Start Date .....

End Date .....

If your child attends After School Club you must arrange with a member of their staff for the medication to be collected at the end of school.

Signed .....

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Name .....

Class .....

**Has medication in school today.**

Start Date .....

End Date .....

Time to be administered .....