**MEDICATION PERMISSION SLIP**

Name of medication:

Dose required:

Time of day to administer:

Quantity provided:

Name of parent/carer with parental responsibility:

Date:

Please note that **where possible**medication should be administered at home by the parents/guardians. Only prescription medication that is due to be taken 3 or 4 times per day should be handed in to School. If a medication is twice a day, this is a parent/guardian’s responsibility to administer in the morning and evening.

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