**St Mary’s Church of England Primary School: Medical Permission and Record**

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| Name of Pupil |  |
| Class |  |
| Name of Medication |  |
| Dose and method (how much and how it is taken) |  |
| When is it taken? (Time of day) |  |
| Expiry date |  |
| Parent Signature |  |
| Parent name |  |

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| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
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| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
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