



# The Whartons Primary School

Head Teacher: Mrs Julia Dickson

The Whartons  
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## Parental Agreement for School to Administer Un-Prescribed Medicine

Date From:

Date to:

Name of Child:

Year

Name of Medicine:

How much to be given:

When to be given:

Any other instructions (ie To be kept in the fridge)

**NOTE: Medicines must be in the original container as dispensed by the pharmacy.**

The above information is, to the best of my knowledge, as accurate at the time of writing. I give permission for 'The Whartons' staff to administer medicine in accordance with the School's Policy.

Signed by Parent:

Date:

### Observations

Time	Amount	Signed (Staff)



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