



**Ashford Park Primary School**  
 'Inspiring a love for lifelong learning'

**PUPIL'S MEDICATION**

CHILD'S NAME \_\_\_\_\_

CLASS \_\_\_\_\_

MEDICATION \_\_\_\_\_

FROM DATE \_\_\_\_\_

UNTIL DATE \_\_\_\_\_

TIME/S TO BE GIVEN \_\_\_\_\_

I HEREBY AUTHORISE THE ADMINISTRATION OF THE ABOVE MEDICINE TO BE GIVEN AT THE TIME/S SHOWN

PARENT/GUARDIANS

Signature \_\_\_\_\_

Date	Medication	Dosage	Time given	Signature

Headteacher: Mrs Sarah Tarrant  
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