## Administration of Medicine

Name of						
Name of pupil:			Class:	Class:		
Name of me	edication:		Dose to he give	Dose to be given:		
Frequency o	f dose:					
Notification	and authorisation receiv	ed by the school office via t	elephone or email			
Signed:			Sucremental Services	Date:		
	Day 1 Date:	Day 2 Date:				
Time		Day 2 Date:	Day 3 Date:	Day 4 Date:	Day 5 Date:	
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