



Dear Parent/Guardian

At times during the school year staff are asked to give medicine, (eg *Calpol*, *Antibiotics*) to children. We are happy to do this, however we would ask that you would fill in the *Administration of Medication* Form when required. Please state the medication dosage and when it is to be taken. The form must be signed by a parent/guardian.

Additional forms can be requested from the office.

Thank you for your co-operation.

Yours faithfully

*D Mitchell*  
(Principal)

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