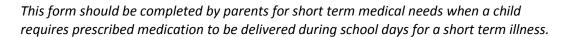
School's Agreement to administer medication





I agree that	(child's name) will receive
(dose) of	(name of medication) at
(timing eg	g break time of lunch time).
(child's name) will be given/	supervised while he/she takes their medication by
(membe	er of staff). This arrangement will continue until
	_ (end of medicine or until instructed by parent/guardian).
Date:	
Signed:	(Parent)
Signod	(Mambar of staff)