



## Request for Medication at School

Name of Pupil:	
Class:	
Name of Medicine:	
Reason for medication:	
Dosage:	
Frequency/time of dispensing:	
Route of medication (e.g. by mouth):	
Notes:	

I hereby give my permission for a member of the BST staff to dispense the medicine described above to my child named above.

Signed by Parent:

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Date:

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