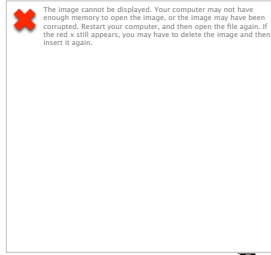
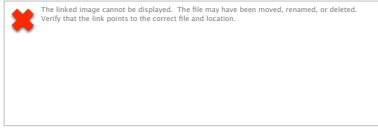


Headteacher
Mr S Kirby



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You have asked Berkley School to administer medicine to your child whilst they are in school. Please complete and sign the permission slip below, giving details of the medication and administering details.

I give my permission for a member of staff to administer my child his/her medicine.

The medicine is _____

Needs to be taken for _____

It needs to be taken at (times) _____

It needs to be taken between _____ and _____ (Dates)

Continuous Please tick

Signed by parent/carer _____

Date _____

Where Learning is Fun and People Care

