



# LANESFIELD PRIMARY SCHOOL

NEWMAN AVENUE, LANESFIELD, WOLVERHAMPTON WV4 6BZ

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*Head Teacher: Mrs Z. H. Rollinson BEd(Hons); Dip Ed.*

## Medication Permission Slip

Pupils name.....

Class.....

Reason for medication and dosage

.....  
.....  
.....  
.....

Time at which medication is to be given

.....

Is this medication **prescribed** / **non-prescribed** (delete as appropriate)

Signature ..... (Parent/Carer)

Date.....

| Date & Time | Medication | Staff name | Comment to home |
|-------------|------------|------------|-----------------|
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