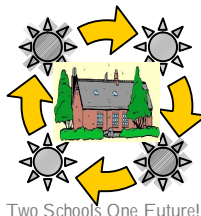


# The Frithville and New York Federation

Executive Headteacher: Mr Paul Bargh

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## FRITHVILLE PRIMARY SCHOOL

### MEDICINE FORM

I authorise staff at Frithville Primary School to give my child ..... the medicine detailed below.

Please give ..... 5ml(s) Of (name of medicine).....  
 ..... times a day for a period of ..... days.

The medicine has been properly labelled by a Doctor or Chemist and will be kept in the School Office at all times.

Signed: .....

Dated: .....

(Please return the whole form to school with the medicine for your child)

.....

(Staff to complete)

| Date and Time Given | How much medicine given | Signed |
|---------------------|-------------------------|--------|
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