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| **Name of Pupil:** | *(For use at BM/ Indicate if medication should not be given on a day)*  |
| **Name of medication and what it is for**  | **Dosage to be given**  | **Time(s) to be given**  | **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday**  |
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| **ALL MEDICATION****SHOULD BE IN THE****ORIGINAL PACKAGING WITH INSTRUCTIONS AND****EXPIRY DATES SHOWING** | Place medication in a clear plastic box labelled with your child's name   | Hand the box to Miss Gassner on Monday morning (18th July) |  |