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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) | |  |