



# POTTEN END C of E PRIMARY SCHOOL

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Head Teacher  
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## ISSUING HELD MEDICINE TO A CHILD DURING SCHOOL TIME Academic Year 25/26

Child's Name: .....

Class: .....

Medical Condition: .....

Name of Medicine & Dose: .....  
.....

Staff who administer the medicine/supervise a child self-administering to complete the table below with date, dose, time and their initials :

MON	TUE	WED	THUR	FRI

I agree to staff administering/ supervising the self-medication of the above medicine/inhaler/Epipen as required.

Parent/Guardian Signature: .....

Date: .....

To be completed by parent/guardian at the beginning of each school year, or when first prescribed during that year.

FORM MED 2