

# ST. JUDE'S CHURCH OF ENGLAND JUNIOR SCHOOL (V.A.)



Diocese of Guildford

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Headteacher : Mrs. Vicki Chiverton B.Ed. (Hons)

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## SHORT TERM MEDICATION

My child ..... in class ..... is suffering from the following short-term condition which requires medication during the school day :

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I give permission for St. Jude's School staff to administer the following :

Name of medication : .....

Dose : .....

Time to be given : .....

Signed : .....

Date : .....