



# St Jude's Church of England Schools Federation

*Excellence in education, kindness in the community, courage through faith.*



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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 :

.....

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

Name of medication :

.....

Dose :

.....

Time to be given : .....

Signed : .....

Date : .....