



Headteacher: Mrs P Cocker
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MEDICINE PERMISSION SLIP

To: The office staff at Headlands School

Childs name: _____ Class: _____

Name of medicine: _____

Dosage: _____

First day to be administered: _____ Last day _____

I give permission for this medicine to be given to my child.

OR IN THE CASE OF INHALERS FOR YEAR 2 AND ABOVE when children can keep their own named inhaler and use as necessary

My child has his/her own labelled inhaler and will use it as necessary.

Parent/carer signature: _____ Date: _____