

**West Lynn Primary School**  
NOTICE FROM THE GOVERNORS

A policy for the giving of medicine has been drawn up by Norfolk Education Authority and has been adopted by the school. Please read this important notice and keep it safely.

**Medicine will be given only if it is prescribed by a doctor.**  
**Parents must sign this form to allow medicine to be given.**

Parent's name ..... the parent of

Child's name.....pupil at West Lynn School, agree that  
.....staff of the school may administer

Name of medicine .....to my child according to the  
directions enclosed with the medicine. I confirm that my child's doctor has stated that  
he/she considers it necessary for the medicine to be taken during school hours.

Dosage..... (i.e. 1 x 5 ml spoon)

Time of day.....(i.e. before lunch, with food, after lunch etc)

Signed..... Date.....