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| **Name of Pupil:** | | | *(For use at BM/ Indicate if medication should not be given on a day)* | | | |
| **Name of medication and what it is for** | **Dosage to be given** | **Time(s) to be given** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
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| **ALL MEDICATION SHOULD BE IN THE**  **ORIGINAL PACKAGING WITH INSTRUCTIONS AND EXPIRY DATES SHOWING** | | Place medication in a clear plastic box labelled with your child's name | | Hand the box to trip lead / Head of Year on the Monday morning of the trip | |  |