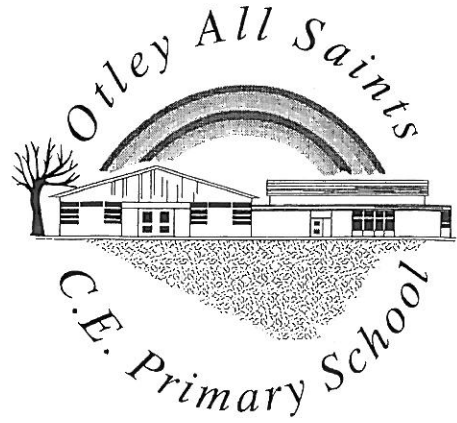


# Otley All Saints CE Primary School

Lisker Drive, Otley LS21 1DF West Yorkshire

Tel: 01943 464703

Headteacher- **Mr Ian Thomson-Smith**



To Whom It May Concern:

I hereby give permission to staff of Otley All Saints CE Primary School to give my child the prescribed medication I have handed to them.

I understand that the school can accept no responsibility for any change in my child's health arising from this medication.

Signed .....

Parent's name .....

Child's name ..... Class .....

Date .....

Time medicine to be given .....

Dose required .....

Dose Given	Date	Time	Signed
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....

