



## Orrell Holgate Academy

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### **AUTHORISATION FOR THE HEAD TEACHER TO ADMINISTER DRUGS/MEDICATION TO A PUPIL**

Name of pupil .....

I hereby authorise ..... Headteacher at

..... school (or such person as  
appointed by the Headteacher to administer the following drug/medication\*

.....  
.....

(which has been prescribed by a general practitioner or consultant) at the following  
times and days:

.....  
.....

to my son/daughter\* .....

Signed ..... Parent/Guardian

Date .....

\* Delete as appropriate