

Hallfield School  
Edgbaston



## MEDICINE AUTHORISATION NOTE

I authorise the School Nurse to give

My child ..... Form .....

(Name of Medication) .....

(Dose) .....ml at ..... (Time)

on the following days ..... (Please state).

Date ..... Signed .....  
(Parent or Guardian)

**NOTE: Please remind your child to give their medication, along with this note as soon as they arrive at School to the School Nurse.**

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## ABSENCE NOTE

My child ..... Form .....

has been suffering from .....  
and has been absent from School

from ..... to .....  
(day and date) (day and date)

Date ..... Signed .....  
(Parent or Guardian)

This note should be brought to School by your child on the morning of his/her return to School after illness. **Please give prompt notification of any serious or infectious illness.**

**NOTE:** This form is unconnected with the School Fees Refund Scheme, and **will not** be accepted in lieu of a Claim Form for the purposes of a refund under the Scheme.