

Medication permission and record: Individual pupil

Pupil's information

Name of school.....
.....

Date medication provided by parent
.....

Name of pupil
.....

Name of medication
.....

Class/form
.....

Dose and method (how much/when)
.....

Any other information.....
.....
.....
.....
.....

When is it taken (time of day)
.....

Quantity received
.....

Staff signature.....
Print name

Expiry date

Date and quantity of medication
returned to parent
.....
.....

Parent signature
Print name
Parent contact number