Medication Permission & Record: Individual Pupil
Pupil's Information

Name of Pupil: _____

Class: _____ Date of Birth_____

Any relevant information: _____

_____

Date medication provided by parent: _____

Name of Medication: _____

Dose and method (how much and when taken) _____

When is it taken (time of day) _____

Expiry date: _____

Parent signature: _____

Print Name: _____ Parent Contact No: _____

Date	Time Given	Dosage	Member of Staff	Any Side-Effects?