

Form 4a

Medication permission and record: individual pupil

Pupil's information

Name of School _____

Name of Pupil _____ Date medication provided by parent _____

Class/Form _____ Name of Medication _____

Any other information _____ Dose and Method (how much and when taken) _____

_____ When is it taken? (time) _____

_____ Quantity received _____

_____ Expiry Date _____

Date and quantity of medication returned to parent _____

Staff Signature _____

Print Name _____

Parent Signature _____

Print Name _____

Parent Contact Number _____