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| --- |
| Description: Description: SMBC COL LOGO 2 |
| **Appendix 3a****Form 3a – Medication Permission & Record** **– Individual Pupil** |
| Name of School: |  |
| Name of Pupil: |       |
| Class / Form: |       |
| Date medication provided by parent: |       |
| Name of medication: |       |
| Dose and Method:(how much and when to take) |       |
| When is it taken (time) |       |
| Quantity Received: |       |
| Expiry Date: |       |
| Date and quantity of medication returned to parent: |       |
| Any other information: |       |
| Staff signature: |       |
| Print name: |       |
| Parent Signature: |       |
| Print name: |       |
| Parent Contact Number: |       |