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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: |  |