



* Form 1

MEDICAL 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 and when taken)

Any other information _____ When is it taken? (time) _____

_____ Quantity received _____

_____ Expiry Date _____

_____ Date & quantity of medicine returned to parent

Staff signature _____

Print name _____

Parent Signature _____

Print name _____

Parent Contact Number _____