|  |  |
| --- | --- |
| Description: Description: SMBC COL LOGO 2 | |
| **Form 3a – Medication Permission & Record** **Individual Pupil Etchells Primary School To be completed at school office** | |
| Name of School: | Etchells Primary School |
| Name of Pupil: |  |
| Class/Form: |  |
| Date medication provided by parent: |  |
| Name of medication: |  |
| Dose and Method:  (how much to give and how to administer) |  |
| When is it taken (time) |  |
| Quantity Received  (e.g. number of tablets / sachets or bottles) |  |
| Expiry Date: |  |
| End date (for short term medication) or Review date (for ongoing mediation) |  |
| Any other information: |  |
| Parent/Carer Signature: |  |
| Print name: |  |
| Parent/Carer Contact Number: |  |
| Staff signature: |  |
| Print name: |  |

Please note that should the dosage change, this form must be annotated and signed by the parent

MAY 2018