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| 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