**Medication Permission and Record – Individual Pupil**

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| --- | --- |
| **Name of School** | Meadowbank Primary School |
| **Name of Pupil** |  |
| **Class** |  |
| **Date Medication provided by the parent** |  |
| **Name of Medication** |  |
| **Quantity Received (amount in bottle or number of tablets)** |  |
| **Expiry Date** |  |
| **When is it to be taken? (time)** |  |
| **Dose required** |  |
| **Any other information** |  |
| **Parent Name (please print)** |  |
| **Parent Signature** |  |
| **Contact Telephone number** |  |
| **Staff Name** |  |
| **Staff Signature** |  |