

# APPENDIX 3A - MEDICATION PERMISSION & RECORD **Form 3a – Medication Permission & Record – Individual Pupil**



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL



## **Form 3a – Medication Permission & Record – Individual Pupil**

Name of school/ early years setting :	
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/Carer Signature:	
Print name:	
Parent/Carer Contact Number:	