





## Form 3a - Medical Permission & Record - Individual Pupil

 <b>STOCKPORT</b> METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust
Form 3a - Medication Permission & Record – Individual Pupil		
Name of School:		
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 Signature:		
Print name:		
Parent Contact Number:		