



APPENDIX 1 3A - MEDICATION PERMISSION & RECORD

Form 3a – Medication Permission & Record – Individual Pupil

 STOCKPORT METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust	
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:			