



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

Name of Pupil:	
Class / Form:	
Medical Condition(s):	
<b>Allergies: Specific Allergens</b>	
Name of Medication:	
Prescription Date:	
Expiry Date:	
Dose and Method:(how much) Includes any <b>EMERGENCY ACTION</b>	
When is it taken (time)	
Quantity Received: (inhaler/bottle/sachet)	
Date medication provided:	
Medication to stay in school/return home to parent?	
Any other information:	
Parent Signature:	
Print name:	
Parent Contact Number & Email address:	
Staff signature:	
Print name:	
Date and quantity of medication returned to parent:	

**SCHOOL CANNOT ADMINISTER PARACETAMOL BASED PRODUCTS**

**PLEASE RETURN COMPLETED FORM TO MR GLEAVES**