

Medication Permission and Record: Individual Student

Child’s name……………………………................................. Class……………………………………………

**Medication Information**

Date medication provided by parent……………………………………………………………………….

Name of medication ………………………………………………………………………………………………

Dose and method (how much and how to be taken) ……………………………………………….

When is it taken (time of day) ……………………………………………………………………………….

Quantity received ………………………………………………………………………………………………..

Expiry date………………………………………………………………

Date and quantity of medication returned to the parent ………………………………………….

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY OFFICE STAFF**

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| --- | --- | --- | --- | --- |
| Date | Time given | Dose given | Any observation | Signature |
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