



Medication permission and record: Individual pupil

Pupil's Information

St. Clare's Catholic Primary School

Name of School

Date medication provided by parent

Name of pupil

Class

Name of medication

Reason for treatment (i.e condition): _____

Dose and method (how much and when)

When is it taken (time of day)

Store in Fridge

Yes ☐

No ☐

Before food ☐

After food ☐

Quantity received

Expiry date

Date medication returned to parent

Emergency contact Number

Parent signature

Print name

Staff signature

Print name

Dosage and administration record overleaf

DAY 1

Date

Time given

Dose given

Member of staff

Staff initials

DAY 2

Date

Time given

Dose given

Member of staff

Staff initials

DAY 3

Date

Time given

Dose given

Member of staff

Staff initials

DAY 4

Date

Time given

Dose given

Member of staff

Staff initials

DAY 5

Date

Time given

Dose given

Member of staff

Staff initials