**St Mary’s Church of England Primary School: Medical Permission and Record**

|  |  |
| --- | --- |
| Name of Pupil |  |
| Class  |  |
| Name of Medication |  |
| Dose and method (how much and how it is taken) |  |
| When is it taken? (Time of day) |  |
| Expiry date |  |
| Parent Signature |  |
| Parent name |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| Time Given |  |  |  |  |
| Dose Given |  |  |  |  |
| Member of staff |  |  |  |  |
| Staff initials |  |  |  |  |
|  |  |  |  |  |