

# Werneth School: Medication Permission and Record

## Student's information:



Date medication provided by parent: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Form: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose and Method: (how much and time when taken):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information:

\_\_\_\_\_

Quantity of medicine received: \_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Date and quantity of medication returned to parent:

\_\_\_\_\_

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