The Marist Catholic Primary School
With Christ as our guide, we learn, we love, we achieve together.
Medication permission and record: individual pupil

Name of pupil:	**Date medication provided by parent:**
Class:	**Name of medication:**
Any other information:	**Dose and method (how much and when taken):**
	When is it taken (time of day):
	Quantity received:
	Expiry date:
	Date and quantity of medication returned to parent:
Staff signature:	**Parent signature:**
Print name:	**Print name:**
	Parent contact number:

Date	Time given	Dose given	Member of staff	Staff initials

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