



Form 3a – Medication Permission & Record – Individual Pupil **Appendix 3a**

Name of School:	ST SIMON'S CATHOLIC PRIMARY
Name of Pupil:	
Class / Form:	
Date medication provided by parent:	
Name of medication:	
Dose and Method: (how much and when to take)	
When is it taken (time)	
Quantity Received:	
Expiry Date:	
Date and quantity of medication returned to parent:	
Any other information:	
Staff signature:	
Print name:	
Parent Signature:	
Print name:	
Parent Contact Number:	