



**ST. JOHN'S COMMUNITY PRIMARY SCHOOL AND NURSERY
MEDICATION PERMISSION AND RECORD**

Pupil's information

Name: _____

Class: _____

Date medication provided by parent: _____

Name of medication: _____

Dose and method (how much and when taken)

Expiry date: _____

Parent signature:.....

Contact number:.....

Staff Name:.....

Staff signature:.....

Date:.....
Time given:.....
Dose given:.....
Member of staff:.....
Staff initials:.....

Date:.....
Time given:.....
Dose given:.....
Member of staff:.....
Staff initials:.....

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