

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: _____