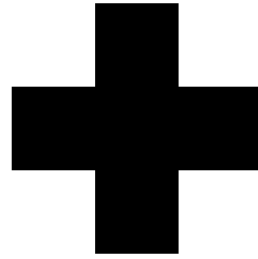


Appendix 2 (ii)

Medical
Permission and
record:
Individual Pupil



Pupil's information

<p><u>Name of school:</u> _____ _____</p> <p><u>Name of Pupil</u> _____ _____</p> <p><u>Year:</u> _____</p> <p><u>Any other information:</u> _____ _____ _____ _____</p> <p><u>Staff Signature</u> _____</p> <p><u>Printed name</u> _____</p>	<p><u>Date medication provided by the parents</u> _____ _____</p> <p><u>Name of medication</u> _____ _____</p> <p><u>Dose & method (how much and when taken)</u> _____ _____</p> <p><u>When is it taken (time of day)</u> _____ _____</p> <p><u>Quantity received</u> _____ _____</p> <p><u>Expiry Date</u> _____</p> <p><u>Date and quantity of medication returned to parent</u> _____ _____ _____</p> <p><u>Parent signature</u> _____</p> <p><u>Print name</u> _____</p> <p><u>Parents contact number</u> _____ _____</p>
---	---

Date _____

