



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL

Stockport   
NHS Foundation Trust

## Form 3a – Medication Permission & Record – Individual Pupil

Name of School:	<b>CHEADLE CATHOLIC JUNIOR SCHOOL</b>
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(s):	

