

Parental Request for Pupil to Self-administer Medication

Parents/Carers **MUST** complete this form, and should ensure that their child or young person is aware of the responsibility they are taking on for the following:

- Carrying medication in school
- Making sure the medication is secure and is only used for their own medical purposes as outlined in this form
- Ensuring this medication cannot be left with or held by another child or young person in the school
- Reporting to a member of staff immediately if the child or young person finds that the medication has been lost or stolen

PUPIL DETAILS			
Surname:		Forename(s):	
Date of Birth:		Class:	
Address:			
Post Code:			
Condition or illness:			
Prefer not to say* <input type="checkbox"/> *If you prefer not to say, the Head Teacher must be made aware of the condition or illness			
MEDICATION			
Name/type of Medication: (as described on the prescription label)			
Dose of Medication:			
Procedures to be followed in an emergency: Click or tap here to enter text.			
I would like my child to keep their medication on their person for use as necessary			
Signature (s):			
Date:			
Relationship to Pupil:			