



**REQUEST FOR PUPIL TO CARRY MEDICATION**

This form must be completed by parents / carers

**Details of Pupil:**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Form: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male:  Female:

Condition or illness: \_\_\_\_\_

**Medication**

Parents must ensure that in date properly labelled medication is supplied.

Name / Type of Medication (*as described on the container*):

Procedures to be taken in an emergency: \_\_\_\_\_

**Contact details:**

Name: \_\_\_\_\_

Phone No Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

I would like my child to keep his / her medication on him / her for use as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

**Agreement of school**

We agree that \_\_\_\_\_ (*name of pupil*) will be allowed to carry and self-administer his / her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (*either end date of course of medication or until instructed by parent / carer*).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(*Office Manager*)

*The original should be retained on the school file and a copy sent to the parent / carer to confirm the school's agreement to the named pupil carrying his / her own medication.*