**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 OR FEMALE:** |  |
| **CONDITION OR ILLNESS:** |  |
| **Medication** |
| *Parents must ensure that medication supplied is ‘in date’ and properly labelled* |
| **NAME/TYPE OF MEDICATION:****(as described on the container)** |  |
| **PROCEDURES TO BE TAKEN IN AN EMERGENCY:** |  |
|  |
|  |
| **Contact Details** |
| **NAME:** |  |
| **PHONE NO:** | **Home:** |
| **Mobile:** |
| **Work:** |
| **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** |
| **NAME OF PUPIL:** |  |
| **We agree that the pupil named above 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 (Office Manager):** |  |
| **DATE:** |  |
| ***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*** |