**Parental Request for Pupil to Carry and Administer Own Medication**

**This form must be completed by parents/guardians**

**DETAILS OF PUPIL**

Surname: ……………………………………………………………………………………………………………….

Forename(s): ………………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………

………………………………………………………………… Date of Birth: …………………………….

……………………………………………………………….. Class/Form: ……………………………….

Condition or illness: ………………………………………………………………………………………………

**MEDICATION**

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

For how long will your child take this medication: ………………………………………………

**Full Directions for use:**

Dosage: ………………………………………………………………………………………………………………….

Timing: ………………………………………………………………………………………………………………….

Any Known Effects: ……………………………………………………………………………………………….

Any other relevant information: ……………………………………………………………………………

…………………………………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………………

Signatures: …………………………………………………………………………………………………………….

Relationship to pupil: ……………………………………………………………………………………………

**TO BE COMPLETED BY SCHOOL**

I agree that ……………………………………………………(name of child) will be responsible for carrying and administering their own medication. This arrangement will continue until instructed otherwise by parents.

Date: ………………………………………………………………………………………………………………………

Signed: ………………………………………………………………………………….(Responsible Person)