

## Request for child/young person to carry and self administer medication (Form Med 3)

### Request for child/young person to carry and self administer medication

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of school/setting .....

#### Child's/young person's details

Name.....dob .....

Address .....

Parent/carer name and contact .....

GP's name and contact number .....

Emergency contact name and number .....

Emergency contact name and number .....

#### Details of Medication

Medical condition/illness .....

Medication name and strength .....

Medication formula (eg tablets) .....

#### Action to be taken in an emergency

(Name of school/setting) ..... Agrees to allow

(Name of child/young person)..... To carry and  
Self-administer their named medication

Name of headteacher/manager (please print) .....

Signature of headteacher/manager ..... Date.....

**NB the headteacher/manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given**

### Parental request and statement of agreement

I (printed name of parent/carer) .....

- ⊗ Request that my child carry and self administer the above named medication
- ⊗ Confirm that the information given is accurate and up-to-date
- ⊗ Will inform school/setting in writing of any changes to this information
- ⊗ Understand that the self-administering of the medication will not be supervised by staff
- ⊗ Agree to not hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication

Signature of parent/carer .....Date:.....

### School/setting statement of consent

If more than one medication is to be carried and self-administered then a separate form must be completed for each