

Form 3 - REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

Kingsmills Primary School

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

Details of Pupil

Surname _____ Forename(s) _____

Date of Birth ____ / ____ / ____

Class _____

Condition or illness _____

Medication

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

Name of Medicine

Procedures to be taken in an emergency

Contact Details

Name _____

Phone No (home/mobile) _____

Relationship to child

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

Signed _____ Date _____

Relationship to child _____

Agreement of Principal

I agree that _____ (*name of child*) 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 parents*).

Signed _____ Date _____

(The Principal/authorised member of staff)

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