

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

Pickering Community Junior School

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

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Parental Request and Statement of Agreement

I (printed name of parent/carers)

- 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 the provision 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/carers Date:

Provision Statement of Consent

(Name of Provision) 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

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