

Request for Child/Young Person to Carry and Self Administer Medication (Form Med 3)

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 Provision

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/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 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/carer 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.