

## HAZELBANK PRIMARY SCHOOL

**REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/carers

**Details of Pupil**

Surname \_\_\_\_\_ Forenames(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_  
(work) \_\_\_\_\_

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**