

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.

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 North and South Cuckoo 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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