**Request for Pupil to Carry and Self-Administer Medication**

This information will be held securely and confidentially and will only be shared with those who have a responsibility in managing the administration of medication.

This form must be completed by the pupil’s parent before the request can be considered

**Pupil’s Details**

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| 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**

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| 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**

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| I (printed name of parent/ carer) ………………………………………………..…………………………………………………* Request that my son/ daughter carry and self administer the above named medication
* Confirm that the information given is accurate and up-to-date
* Will inform school 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 son/ daughter carrying and self-administering their medication

Signature of parent/ carer ……………………………………………Date………………………………………………………… |

**School Statement of Consent**

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| St Aidan’s CE High School agrees to allow (Name of pupil) ……………………………………………………………….To carry and self-administer their named medicationName of Headteacher/ Manager (please print) ………………………………………………………………………………..Signature of Headteacher/ Manager…………………………………………….Date………………………………………….. |

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