



Lady Lumley's School

Request for Child/Young Person to Carry, Leave Medication in School 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

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

.....

.....

.....

.....



Lady Lumley's School

Parental Request and Statement of Agreement

I (printed name of parent/carers)

request that my child carry or leave medication in school 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 or leave medication and self-administer their named medication

Medical Coordinator (please print)

Medical Coordinator (please print) 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.