

## **Request for a child to carry and self-administer his/her own medication**

For a child to carry and self-administer their own medication,  
the parent / carer MUST complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	

### **Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	

NB: Medicines must be in the original container as dispensed by the pharmacy.

**I would like my child to keep his/her medicine with him/her for use, as necessary.**

### **Parent/Carer Declaration**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to support my child in administering his / her own medicine in accordance with the school Administration of Medicines Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

*This form must be filed in Medical File and retained in the School Office.*