

REQUEST FOR PUPIL TO CARRY AND/OR ADMINISTER THEIR OWN MEDICATION

Pupil's Name: _____

Address: _____

Condition or illness: _____

Name of medication to be carried and/or administered: _____

Details of what constitutes an emergency (i.e. where school staff/medical intervention will be required):

In the event of the above, procedures to be taken in an emergency:

Contact details of Parent or Guardian:

Full name: _____

Phone number during school/unit hours: _____

Relationship to pupil: _____

I request that _____ carries their medication with them to use as prescribed or when necessary. I agree to inform the school in writing if I wish to withdraw this request and I will complete a new form if the information changes.

Signature: _____ Date: _____