Tonysguboriau Primary School

Request for learner to carry/administer their own medicine

This form must be completed by the parent/carer.

If staff have any concerns discuss this request with healthcare professionals.

Name of child	
Date of birth	
Year Group	
Medical condition or illness	
Address	
Name of medicine	
Child is able to:	
Carry and administer medication ☐yes ☐no	
Administer medication from a stored location ☐yes ☐no	
Procedures to be taken in an emergency:	

Your contact details:

Your name	
Daytime telephone no.	
Relationship to learner	

I would like my child to administer and/or carry their medicine.

Signed parent/carer: _____ Date: _____

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature: _____ Date: _____