YSGOL BASSALEG SCHOOL

FORM 6: REQUEST FOR PUPIL TO CARRY/ADMINISTER THEIR OWN MEDICINE

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Pupil Name	
Form	
Address	
Name of Medication	
Procedures to be taken in an emergency	

Carry and administer ☐

Administer from stored location ☐

Contact Information

Name	
Daytime telephone No.	Home Work Mobile
Relationship to pupil	

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

Signed parent/guardian _____ **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.

Signed pupil _____ **Date** _____

If more than one medication a separate sheet should be completed for each.
Please return completed forms to the Medical Room.

Signed designated staff _____ **Date** _____