Form 5: Request to school for medication to be carried and self-administered by pupil in school

To be completed by parent/carer

Pupil's name	Date of birth

I request that the above pupil will be allowed to carry and self-administer this medication. I accept responsibility for ensuring that my child has enough medication to satisfy their needs, and that they know to keep it safely and how and when to take their medication.

Name of medication	Dose to be taken	Time/symptoms occurring when medication is to be taken

Parent/carer's name	
Address	☎ Home
	☎ Work
	☎ Mobile
Signature	Date

Note: **This form cannot be used for controlled drugs without further discussion with senior school management and an appropriate health professional.** No primary pupil should self-administer any medication with the exception of reliever inhalers for asthma as detailed in Appendix 16 and travel sickness medication as appropriate for pupils in P7 only (pupil should only carry the amount required for the trip and no excess).

The school will not allow pupils to carry any medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.