



Request for Child/Young Person to Self-Administer Medication (Form Med 3)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of Provision: Wistow Parochial CE Primary School

Child's/Young Person's Details

Name.....DoB
Address
Parent/carer name and contact
GP's name and contact number
Emergency contact name and number
Emergency contact name and number

Details of Medication

Medical condition/illness
Medication name and strength
Medication formula (eg tablets)
Dosage and frequency/time of administration.....
Details for storage.....
Administering instructions.....
Any known side effects

Action to be taken in an emergency

Parental Request and Statement of Agreement

I (printed name of parent/carer)

- request that my child self-administer the above named medication
- confirm that the information given is accurate and up-to-date
- will inform the provision in writing of any changes to this information
- understand that the self-administering of the medication will be supervised by staff
- agree to not hold staff responsible for loss, damage or injury associated with my child self-administering their medication

Signature of parent/carerDate:.....

Provision Statement of Consent

Wistow Parochial CE Primary School agrees to allow

(Name of child/young person)..... to self-administer their named medication

Name of Headteacher/Manager (please print)

Signature of Headteacher/Manager Date.....

NB The Headteacher/Manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given

If more than one medication is to be self-administered then a separate form must be completed for each.