



Request for pupil to self-administer medication

This form is only to be completed for short-term (1-5 days) self-administration of medicine. The parent/carer of the pupil must complete this form before the request can be considered.

Pupil Details

Name:

Parent/carer name:

Parent/carer contact number:

Details of Medication

Medical condition/illness:

Medication name and strength:

Medication formula (e.g. tablets):

Time medication needs to be taken:

Dosage of medication required:

Dates/Days medication is required:

Action to be taken in an emergency

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Parental Request/Statement of Agreement

I (print 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 school in writing of any changes to this information
- Agree not to hold staff responsible for loss, damage or injury associated with my child self-administering

Signature of parent/carer **Date**

For School use:

Date	Time	Dosage	Staff members name