



Coleraine Grammar School

Request for a Pupil to Carry their Medication

This form must be completed by parents / carers.

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

Details of Pupil	
Surname	Forename(s)
Address	
Postcode	
Date of Birth	Year / Class
Condition or illness	
Medication Parents must ensure that only medication which is in date and properly labelled is supplied. Name of medicine: Procedures to be taken in an emergency:	
Contact Details	
Name:	
Phone No (home / mobile)	
(work)	
Relationship to pupil	
I would like my child to keep their medication with them for use as necessary	
Signed: _____ Date: _____	
Print name:	
Relationship to pupil:	
Agreement of Headmaster	
I agree that _____ (<i>name of pupil</i>) will be allowed to carry and self-administer their medication whilst in school and that this arrangement will continue until _____ (<i>either end date of course of medication or until instructed by parents</i>)	
Signed: _____ Date: _____ (<i>The Headmaster / authorised member of staff</i>)	

The original form will be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying their own medication