



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 _____ (*name of pupil*) will be allowed to carry and self-administer their medication whilst in school and that this arrangement will continue until _____ (*either end date of course of medication or until instructed by parents*)

Signed:

Date:

(*The Headmaster / authorised member of staff*)

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