



REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

This form must be completed by parents/guardians if they wish their child to carry his/her own medication in School.

Please Note: For the safety of all pupils **THE SCHOOL DOES NOT ALLOW ANY MEDICINES INCLUDING HOMEOPATHIC, HERBAL OR ORIENTAL REMEDIES IN SCHOOL OR IN THE BOARDING HOUSES** without informing the School Nurse who is required by Care and Social Services Inspectorate Wales (CSSIW) to undertake a risk assessment of pupil's ability to self medicate safely.

Pupil name: D.O.B.

Class / Form:

Condition or Illness:
.....
.....

Name of Medicine:	Dose:	Frequency/Time:
.....
.....
.....
.....

CONTACT INFORMATION

Name of Parent/Guardian: *(Please print)*

Daytime telephone numbers:
.....

I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Signed: Date:

Relationship to Child: