

**Richard Taylor CE Primary School**

**Request for Child/Young Person to Carry and Self Administer Medication**

This form 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.

Child/ Young Person's Details

Name.....	DOB.....
Address.....	
Parent/Carer name and contact number.....	
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).....

Action to be taken in an Emergency

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