**Parental Request for Child to Carry and Self-administer Medicine\***

***\*this includes consent for any on-going daily testing needs associated with management of medical conditions such as diabetic blood glucose testing, where the child has been risk assessed by the school as being able to self-manage this.***

**This form must be completed by a parent/carer.**

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| **To: Headteacher: Belinda Athey** | |
| **School: Whittingham C of E Primary School** | |
| Name of child: | Class: |
| Address: | |
| Name of Medication (\*or testing equipment): | |
| Procedures to be taken in an emergency: | |
| **Contact Information** | |
| *I would like my child to self administer medicine as necessary.*  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Daytime Tel no(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**If more than one medicine is to be given a separate form**

**should be completed for each one.**