

**Ballymacrickett Primary School and Nursery Unit  
Request for a Pupil to Carry His/Her Medication**



This form must be completed by parents/carers.  
If staff have any concerns discuss this request with healthcare professionals.

**Details of Pupil**

Surname: \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address:

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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female

Class: \_\_\_\_\_

Condition or Illness:

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**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

Name/Type of Medication

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**Procedures to take in an Emergency**

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**Contact Details**

Name:

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Phone Number:

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Relationship to Pupil:

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Address:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (*name of child*) will be allowed to carry and self administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (*either end date of course of medicine or until instructed by parents*).

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(*The Principal/authorised member of staff*)

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication.**