

St Anthony's Primary School

43 Fairway

Larne

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REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION - FORM AM3

This form must be completed by parents/guardians/carers.

Details of Pupil

Surname _____ Forenames(s) _____

Address _____

Date of Birth ____/____/____ Class _____

Condition or illness _____

Medication

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

Name of Medicine _____

Procedures to be taken in an emergency _____

Contact Details

Name _____

Phone No: (home/mobile/work) _____

Relationship to child _____

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 medication 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.

Principal: Ms Á Fleming