NAME OF SCHOOL	FORM AM3
TEMPLATE FOR A REQUEST FOR PU	
This form must be completed by parents,	caleis
Details of Pupil Surname	Forenames(s)
Address	
Date of Birth//	
Class	
Condition or illness	
Medication	
Parents must ensure that in date prop	erly 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 m	nedication on him/her for use as
Signed	Date
Relationship to child	
Agreement of Principal	
I agree thatself-administer his/her medication whilst continue untilmedication or until instructed by parents)	(either end date of course of

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