

PARENTAL REQUEST FOR CHILD OR YOUNG PERSON TO SELF-ADMINISTER MEDICATION
 This form must be completed by parents or carers



| | | | |
|---|--------------------------------|-------------|--|
| Child or young person's name | | | |
| Date of birth | | | |
| Address | | | |
| Condition or illness | | | |
| Name of medicine | | | |
| Dose of medicine | | | |
| Prescribed by | GP, Hospital, Other (specify): | | |
| Name of prescriber | | | |
| Address of prescriber | | | |
| Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP. | | | |
| Procedures to be followed in an emergency | | | |
| | | | |
| CONTACT INFORMATION IN AN EMERGENCY | | | |
| Name | | | |
| Daytime telephone number | | | |
| Relationship to child or young person | | | |
| I would like my child to keep their medication on them for use as necessary. YES/NO | | | |
| Signed | | Date | |
| Relationship to child | | | |
| Child or young person's signature where appropriate | | Date | |
| HOW WE USE YOUR PERSONAL INFORMATION | | | |
| The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. | | | |
| For further information, please look at our website www.pkc.gov.uk/dataprotection ; email dataprotection@pkc.gov.uk or phone 01738 477933. | | | |

Parents and/or carers should ensure that their child is aware of their responsibility for:

- carrying medication in school
- making sure the medication is secure and is only used by them
- reporting to a member of staff immediately if they finds that the medication has been lost or stolen.