Scoil San Carlo Senior National School
Request To Carry Medication Form

This form should be completed by the parent(s)/guardian(s) of a child, who wish to allow their child to carry their own medication while attending school.

Details of Pupil:

Name: _____
Address: _____
Date of Birth: _____
Class & Teacher: _____
Medical Condition/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: _____
Mobile Phone No: _____
Relationship to child: _____

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

Signed:_____ Date: _____

Agreement of School Principal:

I agree that _____ will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until instructed and communicated. By parents.

Signed:_____ Date: _____

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