



FORM 2: 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.			
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.