



Rainey Endowed School Request a Student to Carry his/her Medication

RES will not give students permission to carry medication unless parents complete and sign this form, and the Principal/Vice Principal has agreed.

Student Details			
Student Name		Tutor Group	
Date of Birth		Condition or Illness	

Contact 1 Details		Medication- Parents must ensure that in date, properly labelled medication is supplied.	
Name		Name/Type of Medication	
Home Number		Full directions for use	
Work Number			
Mobile Number		Procedures to be taken in an emergency	
Relationship to student			

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

Parental/Guardian Signature: _____ Date: _____

Agreement of Principal/Vice Principal

I agree that _____ (student name) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until the end date of the course of the medication or until instructed by parents.

Principal/Vice Principal Signature: _____ Date: _____

This original should be retained on the school file and a copy sent to the parents by RES to confirm RES's agreement to the named student carrying his/her own medication.