



Can the pupil open their medication and access this on their own? Yes No

Comments:.....

Will the pupil have access to a watch/clock to ensure they take their medicine at the correct times? Yes No

Comments:.....

Does the child understand how to dispose of unwanted medication? Yes No

Comments:.....

Is the pupil aware of any specific instructions related to administration of their medication?  
i.e inhaler technique Yes No

Comments:.....

Any additional information required/added? Yes No

Comments:.....

It can be confirmed that.....has successfully met the criteria of the self-medication tool. Therefore, is deemed to have Gillick competence and is able to self-medicate for the stated medication unless other re-assessed as not competent.

**Head Matron**

Name.....

Date.....

Signature.....

**Matron/House Parents in agreement**

Name.....

Date.....

Signature.....

**Pupil**

Name.....

Date.....

Signature.....

**Parent/Guardian**

Name.....

Date.....

Signature.....