

Parental Request for Child to Carry and Self-administer Medicine

This form must be completed by a parent/carers

To: Headteacher: (add name)	
School: (add school name)	
Name of child:	Class:
Address:	
Name of Medication:	
Procedures to be taken in an emergency:	
Contact Information	
<i>I would like my child to keep his/her medicine on him/her for use, as necessary.</i>	
Name: _____ Signature: _____	
Daytime Tel no(s): _____ Date: _____	
Relationship to child: _____	

If more than one medicine is to be given a separate form should be completed for each one.