



Request for pupil to carry his/her own medicine

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Students Name	
Form	
Address	
Name of Medication	
Procedures to be taken in an emergency	

Contact Information

Name	
Daytime telephone No.	Home Work Mobile
Relationship to student	

I would like my son/daughter to keep his/her medication with him/her for use as necessary

Signed _____ **Date** _____

If more than one medication a separate sheet should be completed for each.

Please return completed forms to the Medical Room.