

Form 6 - Request for Child to Carry Their Own Medicine

This form must be completed by a parent/carer

Name of School/Setting

Child's name

Date of birth

Group/Class/Form

Home address

Name of medicines

Procedures to be taken in an emergency

Contact Information

Name

Mobile Number

Daytime phone number

Relationship to child

I would like my child to keep their medicine with them for use as necessary.

Signed

Date.....

If staff have any concerns discuss this request with healthcare professionals