

FORM 4

Request for child to carry his/her own medicine



Sometimes it is beneficial for a child to carry their own medicine, for example, an asthma inhaler. If a parent/carers wishes their child to carry their own medication this form must be completed, signed and returned to school. Some medications may not be suitable to be carried by pupils and the school may request that these be stored securely in line with our “Managing medicines” and “Health and Safety” policy. A copy of the policy can be obtained from the school office.

Name of school/setting

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Child's name

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Group/class/form

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Address

--

Name of medicine

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Procedures to be taken in an
Emergency

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Contact Information

Name

--

Daytime phone no.

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Relationship to child

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I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____

Date _____

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