

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION AND SELF ADMINISTER WHEN NECESSARY

ACADEMIC YEAR 2015-2016

This form must be completed by parents/guardian. Your child must sign the "Routine Medication Administered" book in reception whenever he/she self administers this medication.

Pupil's Name: _____ Form: _____

Address: _____

Condition or illness: _____

Name of Medicine: _____

Procedures to be taken in an Emergency: _____



CONTACT INFORMATION

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my daughter/son to keep her/his medication on her/him for use as necessary. I agree that my child will sign the routine medicine log book (located in reception) when they need to take their medication.

Signed: _____ Date: _____

Relationship to child: _____