FORM 2

QUEEN MARY'S HIGH SCHOOL

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

This form must be completed by parents/guardian

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: _____