



Inspiring Optimistic Learners

Request for child to carry his/her own medicine

N.B. All medications must be in original container as dispensed by the pharmacy.

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of College

Child's name

Group/class/form

Address

Name of medicine

Procedures to be taken in an emergency

Contact Information

Name

Daytime phone number

Relationship to child

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.