Ravenbank SCHOOL

REQUEST FOR CHILD TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers if they wish their child to carry his/her own medication for self-administering.

CHILD DETAILS

Surname:		**Male/Female:**	
Forename :		**Date of Birth:**	
Address:		**Registration Grp:**	
Condition or Illness:			

MEDICATION

Name/Type of Medication (as described on the container)	
Procedures to take in an Emergency	

PARENT/CARER CONTACT DETAILS

Name:	
Daytime telephone No:	
Relationship to child:	

I WOULD LIKE MY SON/DAUGHTER TO KEEP HIS/HER MEDICATION ON HIM/HER FOR USE AS NECESSARY.

SIGNED BY PARENT/CARER:	
PRINT NAME:	
DATE:	

FOR OFFICE USE ONLY

TEACHER & OFFICE INFORMED:	
HEADTEACHER APPROVAL:	