

Request for child to carry his/her own medicine

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting	
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

Contact Information

Name	
Daytime phone no.	
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.