

FORM 7 – Request for child to carry their own medicine

This form must be completed by parent/carers/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting	High Storrs School
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 child to keep their medicine on their person for use as necessary.

Signed _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.