

FORM C:

Request for a child to carry his/her own prescribed medication

This form must be completed by a parent/guardian

If staff have any concerns, this request should be discussed with healthcare professionals.

Child's name	
Form	
Address	
Name of medicine	
Procedures to be taken in an emergency	
CONTACT INFORMATION	
Name	
Daytime telephone number	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Parent/guardian signature.....

Print name.....

Date.....

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