

**Parental request for pupil to carry their medication**

To be completed by parent/guardian

**Pupil's name**.....**Class**.....

**Address**.....

.....

**Condition or illness**.....

.....

**Name of Medicine**.....

.....

**Procedures to be taken in an emergency**.....

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**Name of contact**.....**daytime phone no**.....

**Relationship to pupil**.....

**I would like my son/daughter to keep and administer his/her own medication as necessary.**

**Signed**.....**date**.....

**Relationship to pupil**.....