



New Road
SCALLOWAY
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PARENTAL REQUEST FOR PUPIL TO CARRY THEIR MEDICATION

To be completed by parent/carer

Pupil's Name Class

Address

Condition or illness

.....

Name of Medicine

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

.....

.....

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