

Appendix II

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.....

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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.....

