**Form 7**

***Request for Child to Carry His/her Own Medicine***

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

(This form must be completed by parent/carers/guardian)

If staff have any concerns discuss this request with healthcare professionals.

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| --- | --- |
| **School/Setting Information** |  |
| **Name of school/setting** |  |
| **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 son/daughter to keep his/her medicine on him/her for use as necessary.

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  | **Date** |  |

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