

Appendix 6



Request for child to carry their own medication Form

Parents complete this form

Name of School	
Child's Name	
Year/Form	
Address	
Name of Medicine	
Procedures to be taken in an emergency	

Emergency Contact Information

Name	
Daytime phone no.	
Relationship to pupil	

I would like my child to keep their medicine themselves for use as necessary.

Signed _____

Print name _____

Relationship to pupil _____

Date _____