

## FORM 4: REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

This form is for parents to complete if they wish their child to carry his/her own medication.

This form must be completed by parents/guardian

DETAILS OF PUPI	1
Surname Forename(s) Address	
Post Code Date of Birth Class Condition/Illness	
MEDICATION	
Name/Type of Medi	ication (as described on the container)
Date dispensed	
FULL DIRECTIONS Dosage and method Timing Special precautions Side effects Self administration Procedures to take	d
CONTACT DETAIL	S
	Daytime telephone No:il
I would like my son necessary.	/daughter to keep his/her medication on him/her for use as
Date	Signature
Polationship to pup	il