Aberdeenshire COUNCIL

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 PUPIL

Surname ……
Forename(s) ……
Address ……
……
……
Post Code ……
Date of Birth ……..
Class ……..
Condition/Illness ……..

MEDICATION

Name/Type of Medication (as described on the container)……..

Date dispensed ……

FULL DIRECTIONS FOR USE

Dosage and method ……
Timing …….
Special precautions ……
Side effects ……
Self administration Yes / No
Procedures to take in an Emergency ……

CONTACT DETAILS

Name …….. Daytime telephone No: …….
Relationship to pupil …….
Address ……..
……..

I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Date …… Signature ……..

Relationship to pupil ……