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.

Pupil's Name ……Class / Form: ……

Address: ……

……

…… Post Code: ……

Condition of illness: ……

……

……

Name of Medication: ……

……

Procedures to take in an Emergency: ……

……

……

……

CONTACT DETAILS

Name: ……

Daytime Telephone No: ……

Relationship to Child: ……

Address: ……

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

Signature(s): …… Date: ……

Relationship to Child:……