

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



Name of child.....

Date of birth.....Class.....

Medical condition or illness.....

**Medicine**

Name of medicine (as described on container).....

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Date dispensed..... Expiry date.....

Agreed review date to be initiated by (member of staff).....

Dosage and method.....

Date & time of last dose.....

Storage details.....

When to be given.....

Special precautions.....

Are there any side effects?.....

Self administration      **Yes/No**

Procedures to take in an emergency.....

**GP Details**

Name..... Telephone Number.....

**Contact Details**

Name..... Relationship to child.....

Daytime Telephone Numbers.....

I understand that I must deliver (and collect) the medicine personally to:

.....(agreed member of staff)

- The above information is, to the best of my knowledge, accurate at the time of writing.
- I will inform the school immediately in writing if there is any change in dosage or frequency or if the medicine is stopped.

Date..... Signature(s).....