

# Request for Child to Carry their Own Medicine

This form must be completed by parent/carer

Child Name	
Year	
Date of Birth	
Name of Medicine	
How the medicine should be administered	
Procedure to be taken in an emergency. <i>(Please continue overleaf if necessary)</i>	
Parent/carer name	
Home Telephone No.	
Mobile Telephone No.	
Relationship to the child	

Please indicate which of the following apply

I would like my son/daughter to carry his/her medicine on themselves for use in an emergency or as necessary.

YES/NO

I consent to my son/daughter administering their own medicine.

YES/NO

Signed: ..... Print Name: .....

Date: .....