



## Request for pupil to carry his/her own medication

**IT IS IMPERITIVE THAT MEDICATION IS KEPT SECURE AT ALL TIMES TO PREVENT MISUSE BY THIRD PARTIES - ANY LEADER WILL PROVIDE SECURITY.**

**This form must be completed by the child's parents/guardian.**

Child's name:	Tutor group
Address:	
Condition or illness:	
Name of medicine:	
Procedures to be taken in an emergency:	

### Contact information

Name <small>(print)</small> :	
Daytime telephone no:	
Relationship to child:	
I would like my son/daughter to keep his/her medication on him/her for use as necessary.	
Signed:	Date:

This is based on a form in the DfES publication 'Supporting Pupils With Medical Needs'.