**Parental Request for Child to Carry and** **Self-administer Medicine**

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| **To:**  *Matron* | |
| **School:**  *Longridge Towers School* | |
| Name of child: | Class: |
| Address: | |
| Name of Medication: | |
| Procedures to be taken in an emergency: | |
| **Contact Information** | |
| *I would like my child to keep his/her medicine on him/her for use, as necessary.*  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Daytime Tel no(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Permission to administer medication** | |

**This form must be completed by a parent/carer**

**If more than one medicine is to be given a separate form should be completed for each one.**