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

|  |
| --- |
| **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.**