

This form is a request for a child/young person to carry his/her own medicine. It must be completed by parents/caregivers.

Name of school/setting:

Child's/young person's name:

Group class/form:

Address:

Name of medicine:

Emergency procedures:

Primary contact's name:

Daytime phone no:

Relationship to child:

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: Date: