



# Dr South's CE(A) Primary School

Bletchington Road, Islip, Kidlington, Oxon OX5 2TQ

*Faith, Hope and Love*

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## Request for a child to carry his/her own medicine

This form must be completed by parents/guardians

If staff members have any concerns, discuss this request with healthcare professionals

Name of child:	
Class:	
Name of medicine:	
Procedures to be take in an emergency:	

### Contact information

Name:	
Daytime telephone number:	
Relationship to child:	

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

Signed

Date

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