



## Request for child to carry his/her prescribed medicine

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

Child's Name:

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Class:

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Address:

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Name of Medicine:

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Procedures to be taken in an emergency:

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### Contact Information

Name:

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Daytime Phone No:

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Relationship to child:

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I would like my son/daughter to keep his/her medicine on him/her for use as necessary. I have discussed with them and am happy they understand that the medicine is for their own use and is not to be shared with any other child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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