

FORM 7: REQUEST FOR CHILD TO CARRY HIS/HER MEDICINE DURING THE SCHOOL DAY (E.G. ASTHMA INHALERS)

- 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

Name of School/Setting:	Archbishop of York's CE Junior School
Child's Name:	
Group/Class/Form:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

PARENT/CARER CONTACT DETAILS

Name:	
Daytime telephone no.	
Relationship to child:	
Address:	

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

Name

Signature

Date