



Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary
Managing Medicines (form 4a): Request for child to carry his / her own medicine

This form must be completed by parent / carer.

Even if a child is able to administer the medicine independently, it will be stored centrally and safely by school.

If staff have any concerns discuss request with school healthcare professionals.

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

Child's name and class: _____

Medical condition / illness: _____

Medicine *Continue overleaf for any points below.*

Name / type of medicine: _____

Date dispensed: _____

Expiry date: _____

How to give (dosage and method): _____

Special instructions / precautions: _____

Side effects for us to know about? _____

Procedures to take in an emergency: _____

Contact details

Name: _____

Daytime telephone number: _____

Relationship to child: _____

Name and telephone number of GP: _____

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

Signature(s) and date: _____