

North Petherton Community Primary School

Parental request for child to carry and administer his/her own medicine

This form must be completed by parents/guardian.

Date

Child's Name

Class

Name and strength of medicine

Expiry date

For how long will your child take this medication

Full directions for use

Dosage

When to be given

Any other instructions

Contact Information

Name

Daytime phone no. of parent or adult contact

Relationship to child

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

Signed

Date