



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.

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: _____

School use:

Decision:

request granted	request declined
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Comments: _____

Signature(s) and date: _____