



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: \_\_\_\_\_