



VALLEY GARDENS MIDDLE SCHOOL

Request for child/young person to carry his/her own medicine

This form must be completed by parent/carer:

(If staff have any concerns discuss this request with healthcare professionals.)

Name of school

Child's name

Form class

Name of medicine

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

Signature of parent/carer:

Date:

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