

ANNEX 4B

Request for Child to Carry his/her Own Medication (Inhalers/Epipen/Insulin)	
This form must be completed by parents/guardian If staff have any concerns please discuss this request with healthcare professionals	
Name of Child:	
Registration Group/Year Group:	
Address of Child:	
Name of Medicine:	
Procedures to be taken in an emergency:	
Contact Information:	
Name:	
Daytime Tel No:	
Mobile Tel No:	
Relationship to child:	
I would like my son/daughter to keep his/her medicine on him/her for use as necessary.	
Signed:	
Date:	