

FORM 7

Parental agreement for child to carry medicine on them whilst in school grounds

Name of Child:

Date of birth:

Form group:

Address:

Medical condition:

Medicine

Name of medicine:

Any special precautions:

Any side effects:

Emergency instructions:

Contact details

Name:

Telephone number:

Relationship to child:

I understand that by signing this I am allowing my child to carry a supply of the above medication on them whilst on school grounds.

I understand I must ensure my child is aware that they must not give any other students any medication in school under any circumstances.

I understand that it is my responsibility to send only the appropriate amount of medication in to school with my child.

I understand that I must inform Louise Millerchip of any changes to my child's medical condition in writing.

Signed: Date:

Print name: