

BRANTON ST WILFRID'S C.E. PRIMARY SCHOOL

FORM 7

**REQUEST FOR CHILD TO ADMINISTER HIS/HER OWN MEDICATION**

**This form must be completed by parents/carers**

If staff have any concerns, this request should be discussed with healthcare professionals

Child's name		
Class		
Date of birth		
Medical condition or illness		
Medicine Name/type of medicine	Procedures to be taken in an emergency	

**CONTACT INFORMATION**

Name	
Daytime telephone no.	
Relationship to child	

Signed .....

Date .....

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