



# St Peter's Church of England Middle School



Andy Snipp, BA Hons  
Headteacher

## Request for student to carry his/her medication

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

Student's Name \_\_\_\_\_ form: \_\_\_\_\_

Address: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

\_\_\_\_\_

Name of Medicine: \_\_\_\_\_

\_\_\_\_\_

Procedures to be taken in an Emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION

Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_