

Glebe Junior School

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns, school will discuss request with school healthcare professionals

Glebe Junior School

Child's Name:	
Class	
Child's Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

Contact Information of person completing form

Name:	
Daytime Phone No:	
Relationship to child:	

I would like my son/daughter to keep his/her medicine on him.

He/she will be responsible for keeping it safe and available when needed, and for its appropriate use.

Signed: _____ Date: _____

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