

**APPENDIX 1**

**FRIETH CEC SCHOOL**

**Request for child to carry his/her own medicine**

This form must be completed by parents/guardian

**If staff have any concerns discuss this request with healthcare professionals**

Child's name .....

Class .....

Address .....

.....

Condition or illness .....

Name of medicine .....

Procedure 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 medicine on him/her for use as necessary.

Signed .....

Date .....