

Form D – request for child/young person to carry his/her own medicine

Note: This form must be completed by the parent/guardian/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

Name of school	WELLFIELD MIDDLE SCHOOL
Name of Child	
Form Class	
Name and strength of Medicine	

I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary

I would like the medicine to be kept in a secure location for use by my Son/Daughter as necessary.

I confirm that my Son/Daughter has received suitable information, instruction and training and is competent to administer their own medication

Signature Of Parent/Guardian/Carer: _____ Date: _____

Signature Of Young Person: _____ Date: _____

Note: if more than one medicine is to be given then a separate form should be completed for each one.