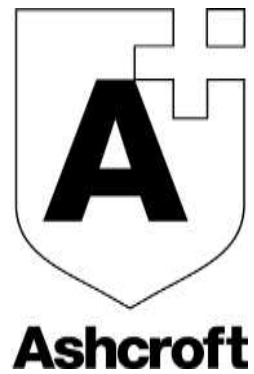


Request for student to carry his/her own medicine



This form must be completed by parents/carer

Student's name:	
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Tutor group:	
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Address:	
	Postcode

Name of medicine:	
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Procedures to be taken in an emergency:	
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Contact Information

Name:	
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Daytime Tel No:	
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Relationship to child:	
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I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

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