



Headteacher: Mr David Hudson MA (Cantab)

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Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

If staff have any concerns they will discuss this request with school healthcare professionals.

Name of school/setting:	The Royal Latin School
Date:	
Child's name:	
Form:	
Address:	
Name of medicine:	
Procedure to be followed in an emergency:	

Contact information

Name:	
Daytime phone number:	
Relationship to child:	

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

Parent's signature:	Date:
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If more than one medicine is to be given a separate form should be completed for each one.

(Medical form 7)