

**The Grange Academy**

**Request for child to carry his/her medicine (e.g. inhaler)**

**Form C**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

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

Name of school	
Name of child	
Date medicine provided by parent	/ /
Group/class/form	
Name of medicine	
Procedures to be taken in an emergency	

**Contact Information**

Name	
Daytime telephone number	
Relationship to child	

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

Date \_\_\_\_\_

Signed \_\_\_\_\_

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