

Magdalen College School

Request for child to carry own medicine

**This form must be completed by parents/carers**

|  |  |
| --- | --- |
| Child’s Name |  |
| Tutor Group |  |
| Address |  |
| Name of Medicine |  |
| Procedure to be taken in an emergency |  |

**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Daytime Tel. No. |  |
| Relationship to child |  |

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

Signed:

Date:

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