

**Request for child to carry their medicine
Based on Form F624d**

This form must be completed by parents/carers.
If staff have any concerns, discuss this request with healthcare professionals.

Name of School	Framingham Earl High School
Child's Name	
Year and Form	
Address	
Name of Medicine	
Procedures to be taken in an emergency	
Dates that Medicine can be carried (start and end)	
Maximum dose to be carried at any one time	

Contact Information

Name	
Daytime Phone No	
Relationship to child	

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

Parent/Carer's signature:	Date:
Print name:	

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