

This form must only be completed by parents/guardian

Form MM4

Request for child to carry his/her own medicine

Note: Medicines must be in the original container as dispensed by the pharmacy

If staff have any concerns they need to discuss this request with healthcare professionals

Name of Academy	The Burgess Hill Academy
Child's name	
Year Group/tutor	
Address	
Name of medicine	
Procedures to be taken in an emergency	
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.

Date: Signature of Parent/Carer:

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

This form is usually used for Residential Trips only

Staff Use only:

Name of medical room staff present:

<i>Head of Year :</i>	<i>Present</i>	<i>YES / NO</i>
<i>Initials:</i>	<i>Notified by Email (date)</i>	<i>YES / NO</i>
<i>Trip Leader :</i>	<i>Present</i>	<i>YES / NO</i>
<i>Initials:</i>	<i>Notified by Email (date)</i>	<i>YES / NO</i>