



Arnold

A proud past and a bright future

A member of United Church Schools Trust

REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE

This form must be completed by parents/guardian and returned to Matron. If more than one medicine is to be given a separate form must be completed for each one.

Child's name	
Form/Tutor Group	
Address	
Name of medicine	
Procedures to be taken in an emergency	
Name of parent/guardian	
Relationship to child	
Daytime phone no	

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

I will inform Arnold School immediately in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian Signature

Print Name

Date