Learning together to be the best we can be



Headteacher - Nichola Irving

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Appendix 2

Parental Request for Child to Carry and Selfadminister Medicine

This form must be completed by a parent/carer

To: Headteacher:	
(add name)	
(ada namo)	
School:	
(add school name)	
(add dondon hame)	
Name of child:	Class:
A 11	
Address:	
Name of Madicalian	
Name of Medication:	
Procedures to be taken in an emergency:	
Procedures to be taken in an emergency:	
Contact Information	
I would like my child to keep his/her medicine on him/her for use, as necessary.	
I would like my child to keep marner medicine on him rie nor use, as necessary.	
Name:Signatur	·e:
Daytime Tel no(s):	Date [.]
24/11110 101110(0)1	
Relationship to child:	
Troistionip to ormai	

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