

**Form D – request for child/young person to carry his/her own medicine**

Note: This form must be completed by the parent/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

Name of school/Setting	
Name of Child	
Group/Class/Form	
Name and strength of Medicine	

I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary

I confirm that my Son/Daughter has received suitable information, instruction and training and is competent to administer their own medication

*Delete where appropriate*

I consent to the use of school emergency blue inhaler in exceptional circumstances  
I consent to the use of the school emergency AAI/epipen in the event of an emergency.

Signature Of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Of Young Person: \_\_\_\_\_ Date: \_\_\_\_\_