# word ATALogos_BlackRequest for

**student to carry**

**his/her own**

**medicine**

### This form must be completed by parents/carer

|  |  |  |
| --- | --- | --- |
| Student’s name: |  |       |

|  |  |  |
| --- | --- | --- |
| Tutor group: |  |       |

|  |  |  |
| --- | --- | --- |
| Address: |  |       |
|  |  |       |
|  |  |       | Postcode |       |

|  |  |  |
| --- | --- | --- |
| Name of medicine: |  |       |

|  |  |  |
| --- | --- | --- |
| Procedures to be taken in an emergency: |  |       |

### Contact Information

|  |  |  |
| --- | --- | --- |
| Name: |  |       |

|  |  |  |
| --- | --- | --- |
| Daytime Tel No: |  |       |

|  |  |  |
| --- | --- | --- |
| Relationship to child: |  |       |

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

|  |  |  |
| --- | --- | --- |
| Signed: |  |       |

|  |  |  |
| --- | --- | --- |
| Date: |  |       |

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