



\* Form 2

## REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

This form must be complete by parents/guardians

Pupils Name.....Class.....

Address.....  
.....

Condition/Illness.....  
.....

Name of medicine.....

Procedures to be taken in an emergency.....  
.....  
.....  
.....

### Contact information

In an emergency please contact: Name.....  
Daytime phone number...../  
Relationship to child.....

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

Signed.....  
Date.....  
Relationship to child.....

PERMANENT INHALER TAKEN AND PUT IN INHALER WALLET IN CLASSROOM

.....Signed