



**Request for pupil to carry his own medicine**

(Please complete a form for every new medication prescribed)

This form must be completed by parents or carers if students carry their own medicine

**If staff have any concerns they will discuss this request with you or with healthcare professionals**

<b>Name of school</b>	<b>Aylesbury Grammar School</b>
<b>Student's name</b>	
<b>Tutor Group</b>	
<b>Address</b>	
<b>Name of Medication</b>	
<b>Amount of Medication (please supply enough for only one day at a time)</b>	
<b>Procedures to be taken in an emergency</b>	

**Contact Information**

<b>Name of emergency contact</b>	
<b>Daytime Telephone No.</b>	
<b>Relationship to student</b>	

**I would like my son to keep his medicine on him for use as necessary**

**Signed:**

**Date:**