



KITE RIDGE SCHOOL
CHANGING MINDS

Request for child to carry his/her medicine – for example

Salbutamol Inhaler, Epi-pen.

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

Child's name	
Child's date of birth	

Name of medicine	
Dosage needed	
When to be taken	
Procedure to be taken in an emergency	

Name of parent/guardian	
Daytime phone numbers	
Name and phone number of GP	

Authorisation:

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

Signature: _____

Date: _____

For office use:
Agreed review date :