

**LAMedDoc2**

**Request for child to carry his/her own prescribed medicine**

This form must be completed by Parents/Carers

**Medicines in tablet or liquid form MUST be kept in the original container with the pharmacy prescription label on it – carrying one or two tablets is not permitted.**

Name of school/setting (e.g. trip)	LAMBETH ACADEMY/
Child's name	
Form/House/Tutor initials	
Address	
Name of medicine	
Procedures to be taken in an emergency	

**Contact Information**

Name	
Daytime phone no.	
Relationship to child/Ward	

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

**IF MORE THAN ONE TYPE OF MEDICINE IS TO BE CARRIED FOR SELF-ADMINISTRATION, A SEPARATE FORM MUST BE COMPLETED FOR EACH ONE.**