



**CAMBOURNE VILLAGE COLLEGE
REQUEST FOR PUPIL TO CARRY THEIR OWN MEDICATION**

Form 3

This form must be completed by parent/carer. If more than one medicine is to be carried a separate form should be completed for each one.

Name of pupil:

Date of birth:

Tutor group:

Condition or illness:
Name of medication and strength:
Expiry date of medication:
Procedure to be taken in an emergency:

Emergency contact details:

Name:	
Relationship:	
Contact number:	Mobile number:
Name:	
Relationship:	
Contact number:	Mobile number:
Doctor's name and number:	

I would like my child to keep their medicine on them for use as necessary. I understand that the medication should be labelled clearly with my child's name. I understand it is my responsibility to ensure that the medication is in date and that my child knows how and when the medication is to be taken.

Parent/carer's signature:

Print name:

Date: