



Cambourne Village College

Request for pupil to carry his/her own medication

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:

DOB:

Tutor Group:

Male/Female

Medical condition or illness:
Symptoms:
Name of Medication and strength:
Procedure to be taken in an emergency:

Emergency Contact Details:	
Name:	Name:
Relationship:	Relationship:
Contact Number:	Contact Number:
Mobile Number:	Mobile Number:
Doctors name and telephone number	

I would like my child to keep his/her medicine on him/her for use as necessary. I understand that the medication should be labelled clearly with my child's name.

Signature:

Date: