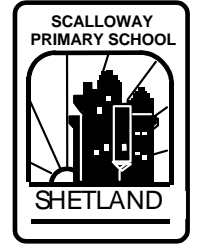




**New Road  
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Head Teacher: Mrs Morag Fox



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### PARENTAL REQUEST FOR PUPIL TO CARRY THEIR MEDICATION

To be completed by parent/carer

Pupil's Name ..... Class .....

Address .....

Condition or illness .....

.....

Name of Medicine .....

Procedures to be taken in an emergency.....

.....

.....

Name of contact ..... Daytime phone no.....

Relationship to pupil .....

**I would like my son/daughter to keep and administer his/her own medication as necessary.**

Signed ..... Date.....

Relationship to pupil .....