



Magdalen College School

Request for child to carry own medicine

This form must be completed by parents/carers

Child's Name	
Tutor Group	
Address	
Name of Medicine	
Procedure to be taken in an emergency	

Contact Information

Name	
Daytime Tel. No.	
Relationship to child	

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

Signed:

Date:

If more than one medicine is to be given, a separate form should be completed for each one