

# DAVISON CE HIGH SCHOOL FOR GIRLS

## FORM 7 - Request for student to carry her medication

### THIS FORM MUST BE COMPLETED BY PARENT/CARER

If staff have any concerns, discuss request with school healthcare professional

Name of school setting     **Davison CE High School for Girls**

Student's Name: .....

Form Group: .....

Address: .....

.....

Name of Medicine: .....

Procedures to take in an .....  
emergency:

### Contact Information

Name: .....

Daytime Phone Numbers: .....

Relationship to student: .....

I would like my daughter to keep her medicine on her for use as necessary. I have explained to my daughter that the above named medication should be kept in a bag that is either with her at all times or locked in her locker. Under no circumstances should she give any of her medication to any other student.

Signed: .....

Print Name : .....

Date: .....

If more than one medicine is required a separate form should be completed for each.