

## Cardinal Langley RC High School

**Authorisation for a child to carry his/her own medicine**

This form must be completed by the Parent/Carer

A separate form must be completed for each individual medication

Details of the Child			
Name of Child:		Form:	
Home address:			
Name of Medication			
Procedures to be taken in an Emergency			

Parent/Carer Information		
Name:		
Contact telephone numbers:	Home:	
	Mobile:	
	Work:	
Email address:		
Relationship to Child:		

I authorise my child to keep his/her medicine on him/her for use as necessary:

Signed:	
Print Name:	
Date:	