



The Aylesbury Vale Academy

RESPECT | ASPIRATION | RESILIENCE

Request for child to carry their own medication

**This form needs be completed by parent/guardian*

Name of school/setting

Aylesbury Vale Academy

Name of child

Date medicine provided by parent

Form

Name and strength of medicine

Dose and frequency of medicine

Procedure to be taken in an emergency

Contact Details

Name

Relationship to child

Daytime telephone no.

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

Signature of parent/guardian _____

Date _____