

FORM 4

Request for a child to carry his / her medicine

THIS FORM MUST BE COMPLETED BY PARENTS

If staff have any concerns discuss the request with appropriate health care professionals

Child		Checked by school staff Name and date
Name of school	Northbrook Primary School	
Name of child		
Date of birth		
Year group		

**Medicine**

Procedures to take in an  
emergency

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**Contact Details**

Checked by  
school staff  
Name and  
date

Name		
Daytime telephone 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**



### FORM 5 Record of Manager's Spot Checks

Name of person undertaking the checks	
Role	
Date of spot check	
What is checked	
Findings	