

**STIRLING COUNCIL CHILDREN'S SERVICES**

This form must be completed by parents/carers

Pupil's name: \_\_\_\_\_

Class: \_\_\_\_\_

Address: \_\_\_\_\_

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Condition or illness: \_\_\_\_\_

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Name of medicine: \_\_\_\_\_

Procedures to be taken in an emergency: \_\_\_\_\_

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**CONTACT INFORMATION**

Name: \_\_\_\_\_

Daytime tel no: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my son/daughter to carry and administer his/her medication for use as necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_