



Seahaven Academy

The best in everyone™

Part of United Learning

Parental Consent form for child/young person to carry their own medication

This form must be completed by parents/guardian

Name of Child/Young Person: Class:

Address:

.....

Medical Diagnosis or Condition:

Name of Medicine:

Procedures to be taken in an emergency:

.....

.....

.....

Contact Information

Name:

Daytime telephone No:

Relationship to child/young person:

I would like to keep his/her medication on him/her for use as necessary Y/N

Signed:

Date:

Signed by First Aider:

A separate form must be completed for each medicine.

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