

NORTH NEWTON COMMUNITY PRIMARY SCHOOL

"TOGETHER WE ACHIEVE"

Headteacher/Designated Safeguard Lead: Mrs. Debbie Leach
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Church Road,
North Newton,
BRIDGWATER,
Somerset.
TA7 0BG

FORM 7

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School: NORTH NEWTON COMMUNITY PRIMARY SCHOOL

Child's Name: _____

Class: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime Phone 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.