

**THIS FORM IS A REQUEST FOR A CHILD/YOUNG PERSON TO CARRY HIS/HER OWN MEDICINE: FOR  
EXAMPLE, IN THE FORM OF AN INHALER USED TO TREAT ASTHMA**

**Name of school:** Woodbury

**Child's name:**

**Group/class:**

**Address:**

**Name of medicine:**

**Emergency procedures:**

**Primary contact's name:**

**Daytime Ph. numbers:**

**Relationship to child:**

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

**Signed:.....Date:.....**