

REQUEST FOR CHILD TO CARRY HIS/HER OWN EPIPEN/INHALER/INSULIN IN SENIOR SCHOOL

This form **MUST** be completed by **parent/guardian**.

I would like my son/daughter to keep his/her EpiPen/Inhaler/Insulin on him/her for use as necessary.

Name of Child _____

Form _____

Name of Medication _____

Procedures to be taken in an emergency _____

Parent Contact Information

Name _____

Daytime Tel. No. _____

Relationship to child _____

We recommend a spare EpiPen/Inhaler is kept with the school Matrons, which will be kept securely in sick bay.

Will you be supplying a spare EpiPen Y/N Inhaler Y/N

Other _____

Signed Parent _____

Date _____

Approved by

Head Master _____

Date _____