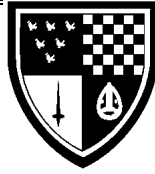


CLAVERHAM COMMUNITY COLLEGE

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Sports Centre (01424) 774772
Day Nursery (01424) 774548

Principal: P. Swatton, B.Eng(Hons)

PARENTAL CONSENT FORM FOR PUPIL TO CARRY THEIR OWN MEDICATION (Only Applicable For Asthma Inhalers, Epipens & Diabetic Equipment)

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals.

Please complete in block letters

Name of Child: Tutor Group:

Address:

.....

Medical Diagnosis or Condition:

Name of Medicine:

Procedures to be taken in an emergency:

.....

.....

.....

Contact Information

Name:

Daytime telephone No:

Relationship to child:

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

Signed:

Date:

Relationship to child:

A separate form must be completed for each medicine.