

CLAVERHAM COMMUNITY COLLEGE

North Trade Road,
Battle,
East Sussex
TN33 0HT



School (01424) 772155
Fax (01424) 774106
Absence Text (07860) 002593
Community Education (01424) 775375
Sports Centre (01424) 774772
Day Nursery (01424) 774548

info@claverham.e-sussex.sch.uk
www.claverham.e-sussex.sch.uk

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:

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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.