

 **VALLEY GARDENS MIDDLE SCHOOL**

Request for a child/young person to carry his/her own medicine. This is for Epipens/ Insulin/ Inhalers only. No tablets or medicines to be carried by pupils.

This form must be completed by parent/carer:

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

| Pupil name: |  |
| --- | --- |
| Form class: |  |
| Name of medicine: |  |
| **I give permission for my child to keep their medicine with them for use as necessary.** |
| Signature of parent/carer: |  |
| Date: |  |
| If more than one medicine is to be given a separate form should be completed for each one. |