



**REQUEST FOR STUDENT TO CARRY OWN EPI-PEN
MEDICATION**

This form must be completed by the Parent or Guardian

Name and date of birth of child	
Year Group	
Home address and telephone number	

Details of allergy	
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Medication

Name of Epi-pen medication (As on box or container)	
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Dosage	
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Procedures to be taken in an emergency	
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Contact Details

Name of Parent/Guardian	
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Address	
Home telephone number	
Mobile telephone number	
Email Address	

I would like my child to keep their Epi-pen medication on them for use as necessary

Signature of Parent/Guardian	
Date	

Please return completed forms to:

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or
by email via: Healthcentre@newhallschool.co.uk