



**REQUEST FOR STUDENT TO CARRY OWN DIABETIC
MEDICATION**

This form must be completed by the Parent or Guardian

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

Condition or diagnosis	
Diabetic	Type 1/Type 2

Medication

Name of diabetic 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 or Guardian	
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Address	
Home telephone number	
Mobile telephone number	
Email Address	

I would like my child to keep their diabetic 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