

**FORM MP1**

**Request for child to carry her/his medicine**

**THIS FORM MUST BE COMPLETED BY  
PARENTS/GUARDIANS**



Child's Name: \_\_\_\_\_  
Form Class: \_\_\_\_\_  
Address: \_\_\_\_\_  
Condition or Illness: \_\_\_\_\_

**MEDICATION**

**Parents/Guardians must ensure that in date properly labelled medication is supplied.**

Name of Medicine: \_\_\_\_\_  
Procedures to be taken in an emergency: \_\_\_\_\_ As school policy  
**OR**  
\_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_  
Daytime Phone No: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

I would like my daughter/son to keep her/his medicine on him/her for use as necessary.

Signed: .....

Date: .....

**CONSENT FORM FOR THE USE OF EMERGENCY SALBUTAMOL INHALER**

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and the school also holds a spare inhaler prescribed for my child.
3. In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ..... Date: .....

Name (print): .....

Child's name: ..... Form Class: .....

My child's asthma is:            Severe      Moderate               Mild  

My child has asthma attacks:    Frequently    Occasionally             Rarely

My child last had an asthma attack on: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AGREEMENT BY PRINCIPAL:**

I agree that .....will be allowed to carry and self-administer her/his medication whilst in school and that this arrangement will continue until .....(either end date of course of medication or until instructed by parents).

Signed:..... Date:.....

Principal / Authorised member of staff

**The original will be retained on the school file and a copy will be sent to the parents/guardians to confirm the school's agreement to the named pupil carrying his/her own medication.**