

MEDICAL INFORMATION FOR SCHOOL AND EDUCATIONAL VISITS

CHILD'S DETAILS			
SURNAME		DATE OF BIRTH (dd/mm/yyyy)	TUTOR GROUP
FORENAMES			Male/Female (please circle)

FAMILY DOCTOR			
SURGERY NAME			
ADDRESS			
TELEPHONE NUMBER		NAME OF GP	

CHILD'S HEALTH			
Does your child have a health or medical need? <i>Please tick the relevant box</i>			
<input type="checkbox"/> NO	<i>Please now read, sign and date the declaration overleaf</i>		<input type="checkbox"/> YES
<i>Please tick below and complete the rest of this form</i>			
Asthma *	<input type="checkbox"/>	Allergies *	<input type="checkbox"/>
Prone to fainting	<input type="checkbox"/>	Severe Headaches	<input type="checkbox"/>
Special Diet	<input type="checkbox"/>	Type 1 Diabetes	<input type="checkbox"/>
		Mental Health	<input type="checkbox"/>
		Other illness or disability	<input type="checkbox"/>
<i>If you have indicated that your child has any of the above, or if your child is receiving medical and/or surgical treatment (of any kind) from a doctor or hospital, please provide further details here:</i>			
<i>* Consent for your child to use the School Emergency Salbutamol Inhaler and/or School Emergency AAI can be provided overleaf</i>			

CHILD'S MEDICAL NEEDS <i>please circle or delete as appropriate</i>	
My child has a care plan and/or specific advice to follow in case of emergency <i>We will contact you to discuss this further</i>	YES NO
My child will hold and be responsible for their own medication in school <i>It is school policy that pupils <u>do not</u> carry controlled drugs, these must be held by school</i>	YES NO
My child takes medication during the school day, I would like school to hold this securely <i>Please collect a consent form from school reception. Complete and return this to us along with your child's medication</i>	YES NO

DECLARATION

- The information I have provided is, to the best of my knowledge, accurate at the time of writing.
- I acknowledge that medical forms are not distributed annually and I have a responsibility to update school of any changes in writing, or by completing a new medical form available from main reception.
- If I have indicated overleaf that my child can hold their own medication in school; I understand it is my responsibility to ensure they have read the patient information leaflet for the drug, and they are aware that any medication is for their sole use only and must not be shared with other pupils or staff.
- I give consent to the school to discuss any medical information with the School Nursing Service or other health professionals who are involved in my child's care.
- I understand that school paracetamol (500mg tablet form) is available for emergencies and at the discretion of the Pupil Welfare Officer.
 - I consent to my child receiving paracetamol for this reason and confirm:
 - a). they have taken paracetamol in the past
 - b). they are not allergic to paracetamol
 - c). they are not taking any medication that may interact
 - I do not consent to my child receiving paracetamol
- I recognise that school staff are not medically qualified

Signed (Parent/Guardian) _____

Print Name (Parent/ Guardian) _____

Date _____

CONSENT FOR EMERGENCY SALBUTAMOL INHALER USE IN SCHOOL

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

Signed (Parent/Guardian) _____

Print Name (Parent/ Guardian) _____

Date _____

CONSENT FOR EMERGENCY AUTO ADRENALINE INJECTOR USE IN SCHOOL

- I can confirm that my child has been diagnosed with an allergy and has been prescribed an AAI.
- My child has a working, in date AAI, clearly labelled with their name, which they will bring to school every day and keep with them at all times.
- In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to receive the emergency AAI held by the school for such emergencies.

Signed (Parent/Guardian) _____

Print Name (Parent/ Guardian) _____

Date _____

GDPR Statement