

Medical Information Form

Name Date of Birth..... Tutor Group

Please indicate below the nature of your child's medical condition by completing the relevant sections.

Medical Conditions / Allergies

Condition

Symptoms

Medication

Date of last check-up

Please provide any medical letters/ paper work with reference to medical conditions

Please list the Emergency treatment/recommendations for any conditions marked above.

Treatment

Emergency procedure

Does your child have a care plan for any of the medical conditions mentioned above Yes [] No []

Does your child carry medication on them during school hours Yes [] No []

Do you agree to your son/daughter receiving Paracetamol for pain relief at school Yes [] No []

Have you provided the required epi pen or inhaler clearly labelled to the medical room Yes [] No [] N/A []

Do you agree to your son/daughter receiving the schools Emergency Asthma inhaler in an emergency Yes [] No []

Emergency Contact 1

Name

Telephone No

Mobile

Relationship

Name, address, telephone number of GP

Emergency contact 2

Name

Telephone No

Mobile

Relationship

All medication should be handed in to the school medical room in the original packaging or container and clearly marked with you son/daughter's name.

I have read, understood and agreed to the points in the medical conditions letter issued July 2018. I will undertake to advise the school immediately of any changes to my child health that would mean the giving of paracetamol would be dangerous.

Signed.....Person with parental responsibility Date