

Please use block capitals and return this form to the School Office

MEDICAL INFORMATION

Pupil Surname: First Names:

Date of Birth:

Address:

..... Home Telephone No:

Mother's Name: Work Telephone No:

Mobile No:

Father's Name: Work Telephone No:

Mobile No:

Parents' Marital Status: please delete as appropriate Married / Separated / Divorced / Widowed

Other Emergency Contact Name:

Telephone No: Relationship:

Family Doctor Name: Telephone No:

Practice/Surgery Name:

Address:

Blood Group (if known): Date of last Tetanus Injection:

Serious illness or medical condition of which the School should be aware: please give full details, continuing onto

a separate sheet if necessary

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Allergy to specific drugs:

Other allergies:

Special dietary needs:

If an accident or emergency should occur to my son while in the care of the School and I cannot be contacted, I hereby consent to the School acting in its duty of care.

Signed: Date:

I give permission for my son to receive suitable medication if required for pain relief.

Signed: Date:

Do remember to keep us advised of any additions or changes to this information.

MEDICAL NOTES

Medical Information Form

The School holds a copy of each pupil's medical details and emergency contact telephone numbers. New parents are reminded to return these to the Office as soon as possible. (Spare copies are available from the School Office.)

May we also remind parents to inform the office of any changes as they occur so that our records remain up to date.

Prescribed Medication Form

In order to comply with guidelines, the School is required to have these forms completed when we need to administer medicines to pupils. In the School's view, there are three possible sets of circumstances where this involvement may be necessary:

- i where a pupil, recovering from a short term illness, is well enough to return to school but is receiving a course of antibiotics or cough medicine;
- ii where a pupil has a chronic illness or ongoing complaint such as diabetes, asthma or epilepsy;
- iii where a pupil is in good health but could suffer a major allergic reaction (e.g. peanuts, wasp stings) for which adrenalin or similar medication may have to be given.

In cases (ii) and (iii), such information should be detailed on the form to ensure the School is in full possession of all facts prior to any action being necessary. This form should be updated on a half-termly basis and we should also be informed of any pupils who are controlling their own medication. Forms may be obtained from the School Office. If a parent is unable to complete a form, then a letter giving full instructions must accompany any medication.

It is understood that although the School will endeavour to administer the medicine according to the instructions given, no responsibility can be accepted if a dose is late or missed.

Medicine in the smallest practicable amount should, wherever possible, be brought to school by the parent and delivered personally to the Office.

Do remember to keep us advised of any additions or changes to this information.