

St. Joseph's Catholic Primary School
 Rocky Lane, Nechells, Birmingham B7 5HA
School Medical Information

CONFIDENTIAL

Please complete the form below for our records. This data is essential for your child's welfare in school and will be kept confidentially in school.

Your Child's Details

Name Class Date of Birth
 Gender : M / F (please circle)

Home Address

Post Code Home Tel.

Doctor's Details

Doctor's Name Tel. No.

Address

Emergency Contacts

Please give details of whom we should contact in a medical emergency or in case of illness. Please note that the telephone numbers that you give should be ALWAYS available. It is a legal requirement that we have available emergency contact numbers for your child in school.

In the event of illness or medical emergency, I give my consent for the following people to be contacted:

First Contact

Name Relationship to child
 Contact numbers

Second Contact

Name Relationship to child
 Contact numbers

Third Contact

Name Relationship to child
 Contact numbers

Medical Information

Does your child wear glasses? YES/NO
 Does your child have a hearing problem? YES/NO
 Does your child have a disability that may affect him/her at school? YES/NO
 (please give details)

Does your child require regular hospital treatment? YES/NO
 At which hospital? Name of Consultant
 Medical condition that your child is treated for

Please give details of any interagency support that your child is receiving (e.g. a health visitor, appointed social worker) that it is relevant for the school to know about for the welfare of your child

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Medical Conditions

Please indicate if your child suffers with any of the following conditions:

Asthma Epilepsy Fits/Seizures Allergies
Diabetes Sickle-cell Hay fever Other
(please give details)

Please give further details of your child's condition(s) and anything that may act as a trigger

Please give details of any regular medication your child receives

If your child requires medication in school (e.g. an inhaler) you will be required to meet with the School Nurse to arrange a Care Plan

Food Allergies / Dietary requirements

Does your child suffer with any of the following food allergies?

Nuts Eggs Dairy products Wheat/Gluten
Fish/Seafood Other
(please give details)

Please give details of the severity and symptoms of your child's allergy, and medication that they take for it

Please give details of any dietary requirements that your child has

Please indicate the nature of this requirement (e.g. medical reason, religious requirement)

Policy Statement

School staff cannot administer medicines except for emergency medicine (Epipen/Allergy/Inhaler). Parents should request that GP's prescribe in such a way which avoids the need for medicines to be taken on school premises (e.g. Antibiotics to be taken 3 times a day can be given before school, after school and at bedtime. If your child requires any emergency medicine to be kept in school, for example an epi-pen or allergy medication, you should complete a 'School Administration of Medicine' form from the office.

If your child has asthma and needs and an inhaler in school, please ensure that inhalers are clearly labelled with your child's name and when they should be taken. They should be given to the class teacher and the school office should be aware that your child has an inhaler.

It is your responsibility to ensure that your child knows how and when to use their inhalers, particularly the junior children. Junior children are also responsible for knowing that they should take their inhalers with them when they are involved in activities such as PE and swimming, and also after-school activities. **Please note that only blue inhalers should be in school and they should be here at all times.**

Should we be asked to admit a child to school with special medical needs we will, in partnership with the parents and our medical advisors, discuss individual needs. We will then set up a protocol to be followed.

The above information is accurate. I have read, understood, and will abide by the above policy

Signed (Parent/Guardian)

Date.....