



MEDICAL INFORMATION

2018/2019

Office Use Only

SECTION 1 – CHILD & GP DETAILS

SURNAME		DATE OF BIRTH (dd/mm/yy)		YEAR GROUP	
FORENAME				M / F	
GP SURGERY		NAME OF GP			
SURGERY POSTCODE		SURGERY TELEPHONE NO.			

SECTION 2 – CHILDS HEALTH

DOES YOUR CHILD HAVE A PRE-EXISTING MEDICAL NEED OR HEALTH CONDITION?

YES

Please complete all relevant sections



NO

Please complete sections 5 overleaf



SECTION 3 – SPECIFIC HEALTH CONDITIONS

PLEASE TICK WHERE APPLICABLE – *we will contact you for further information:*

- IHCP OR A PROCEDURE TO FOLLOW IN AN EMERGENCY
- RECENT SURGERY AFFECTING THE SCHOOL DAY OR SURGERY DUE IN THE NEXT 3 MONTHS
- GENERALIZED SEIZURES INCLUDING EPILEPSY
- ALLERGIES WITH RISK OF ANAPHYLAXIS
- TYPE 1 DIABETES

PLEASE TICK WHERE APPLICABLE – *if necessary provide further details in the space below*

- | | |
|---|---|
| <input type="checkbox"/> ALLERGIES (NOT HAYFEVER) | <input type="checkbox"/> TRAVEL SICKNESS |
| <input type="checkbox"/> HAYFEVER | <input type="checkbox"/> FAINTING / BLACKOUTS |
| <input type="checkbox"/> SEVERE HEADACHES / MIGRAINES | <input type="checkbox"/> ASTHMA* |
| <input type="checkbox"/> OTHER | |

* Please see overleaf for Asthma Emergency Register

SECTION 4 – MEDICATION

MY CHILD TAKES MEDICATION DURING THE SCHOOL DAY, THEY WILL HOLD AND BE RESPONSIBLE FOR SELF-ADMINISTRATION
Although it is not a legal requirement we recommend all controlled drugs are held by the school (tick next box)

MY CHILD TAKES MEDICATION DURING THE SCHOOL DAY, I WOULD LIKE THE SCHOOL TO HOLD THIS SECURELY
We will contact you to discuss this further

SECTION 5 – DECLARATION

- I agree to members of staff administering medicines/providing treatment to my child as directed above or in the case of an emergency, as staff may consider necessary. I recognise that school staff are not medically qualified.
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing Service or other health professionals who are involved in my child's care.
- I will inform the school of any changes to the information provided on this form.
- I understand that school paracetamol, in tablet form only, is requested by pupils from time to time and will not be administered without consent. I understand that consent needs to be given on 'each occasion' and the school will not accept consent on an 'as and when requested' basis.

Signed (Parent)

Date

Full Name (Parent)

* ASTHMA EMERGENCY REGISTER

If you have indicated, in **SECTION 3**, that your child has asthma please ensure they carry their inhaler with them at all times. The Romsey School holds an emergency Salbutamol inhaler; please provide consent for your child to be included on the **Asthma Emergency Register**.

CONSENT FOR EMERGENCY SALBUTAMOL INHALER USE IN SCHOOL

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. 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)

Date

Full Name (Parent)
