



MEDICAL DETAILS (PLEASE ENSURE YOU COMPLETE BOTH SIDES)

CONFIDENTIAL

Forename: Date of Birth:

Surname: Year Group:

Address:

Home Telephone No. Daytime No:

Medical Practice Name : , Practice Tel No:

Practice's address:

Any child with a medical condition including those who carry an Epi Pen and those who are asthmatic, will have an Individual Health Care Plan. Where appropriate this will be available to all staff who come into contact with the child. Where appropriate parents/carers and the child will be involved in creating the plan which will look at the child's needs whilst in school. The plan will need to be signed by the Parent/Carer, Health and Welfare Officer. It is the Parent/Carer's responsibility to ensure care plans are up to date and reviewed as and when necessary. Please contact Student Services on 01908626157 if you need to arrange an appointment.

PLEASE DELETE 'YES' OR 'NO' AS APPROPRIATE

Does your child's health give you cause for concern? Yes / No

Is he/she having any form of treatment at present? Yes / No

Has he/she had an operation or accident? Yes / No

If you have answered YES to any of these questions, please give brief details

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Does your child have any particular dietary requirement? Yes / No
 Including food allergies, if Yes, please detail reaction and usual treatment.

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Does your child suffer from:
 Asthma / Travel Sickness / Epilepsy / Diabetes / Mental Health Problems Yes / No
 If you have answered YES to Asthma, Epilepsy or Diabetes the school requires a care plan from the Clinic/GP. If your child is asthmatic a spare inhaler should be provided to Student Services in a named container and parents/ guardians are responsible to keep these in date.

Is your child: Hearing impaired / Visually impaired / Colour blind Yes / No

Please continue overleaf . . .

Are there any other health problems or disabilities?

Yes / No

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If your child has an Education Health Care Plan, has a medical diagnosis, eg ASC/ADHD, is on the SEN register for additional support or if you have concerns about possible SEND, please contact our SENDCo via the website link <https://www.lordgrey.org.uk/students/inclusive-learning/>.

Does your child have any allergies, e.g. Penicillin, Elastoplast etc?
If Yes please detail reaction and usual treatment.

Yes / No

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Does your child have an epipen (Auto injector)

Yes / No

If your child requires an epipen, a spare epipen should be provided to Student Services in a named container and parents/ guardians are responsible to keep these in date.

Does your child have to take any regular medication?
(If Yes, please give details of the name of medicine)

Yes / No

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ALL MEDICINES/TABLETS MUST BE IN THE ORIGINAL CONTAINERS ISSUED BY THE GP WITH INSTRUCTIONS AND HANDED TO STUDENT SERVICES ON ARRIVAL TO SCHOOL.

Do you agree to give the Designated First Aider, permission to administer, as required:

Plasters Yes / No
Emergency Asthma Inhaler (if asthmatic) Yes / No
Emergency Auto injector (if prescribed) Yes / No

Has your child had an anti tetanus injection in the past three years? Yes / No

Do you consent to the school logging this information on the School's Information Management System (SIMs) Yes / No

I give permission for my son/daughter to receive first aid treatment/advice whilst on the school premises. Yes / No

In the event of illness or accident requiring hospital treatment, I hereby give my general consent to any necessary medical treatment and authorise the Health Advisor to sign any document required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by a surgeon.

Signed: Date:
(Parent/Guardian)

N.B. A toilet/medical pass will only be provided upon receipt of medical professional evidence and will need to be updated every school year.

If you have any concerns regarding this form and would like to discuss them further please do not hesitate to contact Student Services on 01908 626157.

(Double sided document please ensure both sides are completed fully)

Ref.TS/Mar 24/MPC