



## MEDICAL DETAILS (PLEASE ENSURE YOU COMPLETE BOTH SIDES)

### CONFIDENTIAL

Forename: ..... Date of Birth: .....

Surname: ..... Tutor Group: .....

Address: .....

Home Telephone No. .... Daytime No: .....

Name of Family Doctor: ..... Telephone No: .....

Doctor's address: .....

Any child with a medical condition will have an Individual Health Care Plan. This will be available to all staff who come into contact with the child. 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.

Please contact Student Services to arrange an appointment on  
01908626157

### 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

.....

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

.....

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 one 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

Are there any other health problems or disabilities?

.....



## Parental Consent Form

Does your child have any allergies, e.g. Penicillin, Elastoplast etc? Yes / No  
If Yes please detail reaction and usual treatment.

-----  
Does your child have an epipen (Auto injector) Yes / No  
If your child requires an epipen, a spare one 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? Yes / No  
(If Yes, please give details of the name of medicine)

-----  
**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:

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

**Paracetamol is the only drug that can be given by a first aid trained member of staff without prescription, but only with parental consent.**

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)

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