



PUPIL MEDICAL INFORMATION FORM

This form **must** be completed and returned to school as soon as possible. Even if your child has no medical needs or allergies, we still require you to confirm this and sign and return the form.

CHILD'S NAME: _____

Name of Child's Doctor: _____

Address of Doctor: _____

Telephone Number: _____

Does your child have any medical condition? **YES/NO**

If YES please give details below.

Medication required (if applicable) _____

As far as you are aware, does your child have any known allergies e.g Food (specify which foods), Medication etc? **YES/NO**

If YES please give details below.

Allergy _____

Symptoms _____

Medication required (if applicable) _____

Is your child asthmatic? **YES/NO**

If you answered YES, you will be required to provide a blue inhaler to be kept in school at all times.

Please keep the school informed of any changes to the above details. It is parent/carers responsibility to make sure that there is adequate medication in school.

N.B. Some medicines need to be given 3 times a day. This can be at breakfast, after school and before bed at night. If you do require a member of staff to give your child a prescribed medicine you will need to complete a medical consent form at the school office.

Signed _____ Parent/Guardian Date _____

Emergency contact details

It is imperative that we know who is collecting your child. Always keep these details up-to-date.

Name:	Contact No:	to child:
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____