

Sytchampton Endowed Primary School



In order to keep complete and accurate records of any medical conditions of the pupils in school, would you please complete the form below as fully as possible (ticking any relevant boxes) and return to your child's class teacher.

CHILD'S NAME.....CLASS.....

1. My/our child currently has no medical needs

OR

2. My/our child currently has the following medical need:

Asthma – please tick one of the following:
 A – my child does not need an inhaler in school
 B – my child requires an inhaler in school
 C – my child is severely asthmatic

Please provide details, ie what brings on tightness of the chest, and what action is needed:

Allergies/anaphylaxis – please tick one of the following:
 A – my child has mild reaction but does not need any medication
 B – my child has mild reaction and takes medication at home (eg Piriton)
 C – my child will have an anaphylactic reaction and needs treating with an Epipen

Please provide details, ie what your child is allergic to, symptoms and what action is needed:

Other medical need – please give FULL details below, ie symptoms, medication, what action may be needed:

3. Please confirm the name and address of Doctor: _____

I/we understand that it is my responsibility to ensure that any medication that my/our child might need during the school day is on the premises

I/we also understand that it is my/our responsibility to ensure that the medication held at school is in date and will be replaced either when it has been used up or near to the expiry date.

I/we understand that it is my/our responsibility to inform school if my/our child's medical needs change.

I/we understand that it is my/our responsibility to inform school of any changes to emergency contact numbers.

SIGNED.....(parent/carer) DATED.....