

## MEDICAL OR OTHER CONFIDENTIAL INFORMATION

Name of student:

DOB:

### GP SURGERY INFORMATION

Surgery Name:

Surgery Telephone Number:

### DIETARY

No nuts of any type/quantity <input type="checkbox"/>	Seafood allergy <input type="checkbox"/>	Gluten free <input type="checkbox"/>	No dairy produce <input type="checkbox"/>
Vegetarian <input type="checkbox"/>	Other (please specify)		

### MEDICAL INFORMATION

Does your child suffer from? <input type="checkbox"/>	Asthma <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Bowel or bladder problems <input type="checkbox"/>	Serious allergies <input type="checkbox"/>	Any other medical condition (please give details below)	

Do you consider your child to have a disability? Yes / No – if yes please select all that apply from the list below.

A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more areas listed below. Please exclude difficulties that you would expect for a child of their age.

Mobility <input type="checkbox"/>	Hand function <input type="checkbox"/>	Personal care <input type="checkbox"/>	Eating and drinking <input type="checkbox"/>
Medication <input type="checkbox"/>	Incontinence <input type="checkbox"/>	Communication <input type="checkbox"/>	Learning <input type="checkbox"/>
Hearing <input type="checkbox"/>	Vision <input type="checkbox"/>	Behaviour <input type="checkbox"/>	Consciousness e.g. seizures <input type="checkbox"/>
ASD/ Asperger's <input type="checkbox"/>	Palliative care needs <input type="checkbox"/>	ADHD <input type="checkbox"/>	Other <input type="checkbox"/>

If 'Other' please give details:

Does your child attend any medical clinics? Yes / No (If yes, please give details):

If your child is on medication, does it need to be taken during school hours? Yes / No

### ADMINISTRATION OF PARACETAMOL

I confirm that I have administered paracetamol without adverse effect to my child in the past. <input type="checkbox"/>
I give consent to the school staff administering paracetamol in accordance with the school policy <input type="checkbox"/>
I will inform the school immediately, in writing, if my child subsequently is adversely affected by paracetamol <input type="checkbox"/>

### OTHER MEDICATIONS

Where students are on regular medication prescribed by a GP this should be brought into school marked with the child's name on a label from the GP/Chemist. This will be stored in a secure cabinet in our medical room. Students are responsible to come for medication at the specific times. Medicines must be in the original container as dispensed by the GP/Chemist. Parents/carers must fill in a medical consent form (available from the school reception).

The school office must be notified IMMEDIATELY of any changes to medical conditions and contact telephone numbers, in case of emergency.

Students who are asthmatic need to carry an inhaler with them and leave a spare inhaler in the medical room in case of emergency and students who carry an adrenaline pen with them must provide a spare for the medical room. Please kindly ensure all medications are provided to school immediately following your child's admission to school.

### IN THE EVENT OF AN EMERGENCY

Should it not be possible to get in contact with the next of kin or any other emergency contacts, I hereby give consent for a first aid trained member of staff to give general first aid/to give emergency medication and call for emergency services.