

Medical Information

Please complete this form giving all relevant details. The information will be uploaded to our main school database. We also use a system called Arbor for our offsite academy trips and payments. You will receive an invitation to set up a profile for your child soon and this will allow you to update us when changes occur to the information you are providing below.

Student Name:

Student Date of Birth:

Who would you like us to contact in the event of an emergency:

Name	1.	2.
Relationship to student	1.	2.
Address:		
Mobile Number:		
Other Phone numbers:		
Email Address		

Is your child currently affected by any of the following:

Asthma for which they have been prescribed an inhaler	Yes	No
Epilepsy	Yes	No
If yes please provide further details of the type of epilepsy and any medication they require during the school day. If you have a daily care plan that you are willing to share with the academy please attach a copy.		
Severe allergic reaction for which they have been prescribed an auto-injector	Yes	No
If yes please provide further details of the allergy and any medication they require during the school day. If you have a daily care plan that you are willing to share with the academy please attach a copy.		
Diabetes	Yes	No

If yes please provide further details of their diabetes and any medication they require during the school day. If you have a daily care plan that you are willing to share with the academy please attach a copy.

Heart Condition

Yes

No

If yes please provide further details of their condition and any medication they require during the school day. If you have a daily care plan that you are willing to share with the academy please attach a copy.

Does your child require any regular medication throughout the school day in addition to anything mentioned above? If yes, please give details below.

Yes/No

Does your child have any dietary requirements? Please state below.

Is your child currently receiving any medical treatment from GP or hospital and have they been given specific advice to follow in an emergency?

Is your child currently vaccinated against Tetanus?

Yes/No

Date of vaccination:

Paracetamol:

I consent to my child being given Paracetamol during the academy lunchbreak and on residential trips if they request it and it is deemed appropriate. I understand that further verbal permission will be sought for paracetamol to be administered outside of the academy lunchbreak.

Yes / No

I can confirm that my child has taken paracetamol previously with no adverse reactions.

Yes / No

(Paracetamol dosage: 1 x 500mg tablet for children age 11-15 years / 2 x 500 mg tablets for students age 16 and over)

Other vital information: The following information is required to ensure we provide the best support we can for your child both in and out of the classroom.

Medical Practice:

Address:

Telephone number:

Does your child have a hearing aid:	YES/NO
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I, the undersigned who have parental responsibility for the above-named pupil have completed the information requested. I agree to inform the school as soon as possible of any changes in my child's medical conditions.

Name:

Signature:

Date:

Relationship to student:

Accident/Illness Consents

First Aid and Medical Consents

If any medications have been listed above as being needed during the school day, a separate consent form and details will be sent to you by the Student Services Manager.

I consent to my child receiving first aid if required from trained first aiders:	YES/NO
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I consent to my child receiving treatment in the event of emergency from trained medical professionals	YES/NO
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