

Notification of Medical Needs

Please review, sign and return this document to the school office.



Name of Pupil:

Name of Parent / Legal Guardian:
(Please print)

It is important that we support and safeguard your child's health and wellbeing while they are at school. To help us do this effectively, please ensure that we are made aware of any medical conditions your child may have.

Medical information:

Name of Doctor (or group practice):

Name of Dentist:

Please give details of any medical conditions that we should be aware of:
For example, allergies, asthma, eczema, hay fever, colour blindness or other medical condition.

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Details of any prescribed medication to be kept and administered in school:

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Concerns such as hearing, speech, vision, etc.

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Food allergies or intolerances:

Is an inhaler used? Yes / No

If an inhaler is used a spare inhaler, prescribed by a Doctor is kept in school in the First Aid Cupboard. Please send this into school clearly labelled with the child's name and GP Practice who prescribed the medication.

If you have provided any details of medical conditions we require you to complete a Supporting a Child with Medical Conditions form and an Agreement to administer medication.

Please inform the office, in writing of any changes to this medical information.