



Medical Information Form

We need as much information as possible to help your child to settle into school.

Pupil Name: _____ Date of Birth: _____

Address: _____

Post Code: _____

Doctor's Name: _____ Telephone Number: _____

Surgery Address:

Does your child suffer or had any of the following conditions?

Condition	Tick if YES	For this condition do they use?	Tick if YES	If YES complete a separate form for each	Please supply school with:
Asthma		Relieving inhaler		Med 1	Relieving Inhaler
Allergy		Antihistamine		Med 1	Antihistamine
Diabetes					Snack box
Epilepsy		Medication		Med 1	Medication
Anaphylaxis reaction		Auto injector		Med 1	Auto injector

Was hospital treatment required? Yes / No

If Yes please provide details:

Does your child have any other medical conditions that you would like us to know about, that may have an impact on their learning?

Does your child take any other medication, either on a regular basis or as required? Yes / No

If yes please give details in the box below

Name of Medication	Reason for medication	Dosage	Frequency

Will any of the medication be needed at school? Yes / No

If yes, please supply a quantity to school clearly labelled with child's name, dosage and frequency. Complete a **Med 1** form and hand into school at Reception, Student Services or First Aid.

Signature of the person completing this form:

_____ Date _____

Relationship to pupil _____

Med 1 forms ('Request for School to Administer Medication') can be copied from the school web site and are also available from Reception or First Aid Room. You will also have one in the New Intake Pack.

There will be a **Med 1** form in the School Planner and if you would like me or a designated member of staff to be able to give your child Paracetamol during the school day use the form to give your permission. Paracetamol can still be given if this form is not filled in, but it would require a phone call for consent at the time.

The information you give us on this form, will be put on the school data base which can only be accessed by teaching and admin staff. However, if you enter information that needs to be shared with school, but do not wish for it to be available to all, please indicate this on the form. This information will be kept with the Year leader and Mrs Mance. Please also discuss this with Mrs Curtis.

I wish your child well when he or she joins us at The Knights Templar School.

*Mrs J Mance
School Medical Officer*