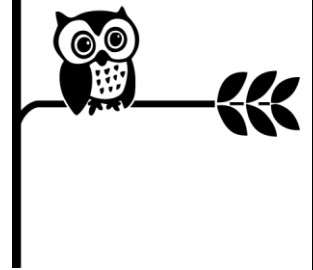


School Medical Information Form



Pupil name: _____

Date: _____ Class: _____

Note: If you have previously completed and submitted this form to the school, **and there have been no new changes to your child's medical requirements**, you do not need to resubmit a new School Medical Information Form.

Nature of medical need/allergy	
Dietary needs, symptoms and Treatment	
Arrangements/ Action to be taken by school	
Emergency contact names, relationship to child and numbers	
Permission to self-administer medication	<p style="text-align: center;">Yes / No (Please circle)</p> <p>Note: If self-administration of medicine is required, then a separate form must <i>also</i> be completed (please see the school's Health Lead).</p>

Please contact a member of the Pastoral Team if you require a meeting to discuss the above in more detail.

School Office: 0161 881 4266