Medical Information Form



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If your child has a long term health condition please fill in this form and return it to the school office. It is essential that we have the right information and support in place to help keep your child safe and well while they are in school.

Thank you

Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

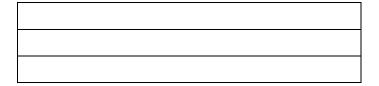
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name Phone no.

G.P.

Name Phone no.



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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

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Arrangements for school visits/trips etc

Other information

Signature(s) _____

Date _____