

# Medical Information Form



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.


# Medical Information Form



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

# Medical Information Form



Arrangements for school visits/trips etc

Other information

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_