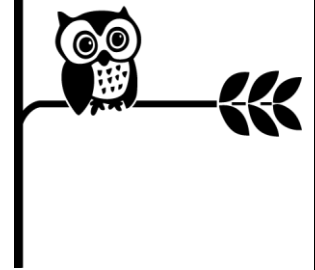


School Medical Information Form



Pupil name: _____

Date: _____ Class: _____

Please note, this form is to collate information from. Further sheets will be provided when we are aware of certain health needs to gain more information.

Nature of medical need.

Please give details.

(School will contact you if more detail is needed / health plan is needed)

Does your child have an allergy? Please give details.

(Allergy plan will be put into place)

Does your child have asthma?

(Asthma plan will be put into place)

Emergency contact names, relationship to child and numbers

Permission to self-administer medication

Yes / No (Please circle)

Note: If self-administration of medicine is required, then a separate form must *also* be completed (please see the school's Health Lead).

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

School Office: 0161 881 4266

