



Additional Medical Information

Please complete this form, if applicable, with up to date medical information for your child. If there are no existing medical conditions then please complete page 1 basic information and state @none@ in box 4. We also require a parent/carer signature. This will be used to keep our records of medications held in school up to date, inform your child's **Individual Health Care Plan (IHCP) / Diabetes Care Plan** and to gain your authorisation for your child's use of medications in school.

Child's Name	
Child's Year Group/Form	
Child's date of birth	
Medical diagnoses or condition	
Date	
Review date	
Emergency contact name	
Relationship to child	
Telephone number (home)	
Telephone number (mobile)	
Clinic/Hospital contact	
Name	
Telephone no.	
G.P.	
Name	

Telephone no.

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

How should these symptoms be dealt with? Please describe the steps that need to be taken, including when emergency response is required. E.g. Immediate emergency response at onset of symptoms.

Describe what constitutes an emergency, and the action to take if this occurs.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

If your child is prescribed a Salbutamol Inhaler or an EpiPen do you give permission for the school to administer a school owned device in an emergency?

Salbutamol Inhaler

Yes

No

EpiPen

Yes

No

Daily Care Requirements

Specific Support for the Pupil's educational, social and emotional needed

Other Information

Who is responsible for an emergency

Plan developed with

Form copied to

I submit, in person, the following new medicinal items to SRMS with this form, if applicable, named and in original packaging (please detail items here) :

I will collect, in person, the following old medicinal items from SRMS and dispose of them (please detail items here):

SRMS plan to stock specific medicines for use by children with certain conditions in exceptional circumstances should their own medicines be used, damaged or unavailable. If your child suffers with Asthma, Allergies or Diabetes, please indicate if you give permission for SRMS to administer/supervise self-administering of these medicines to your child, in the dosages stated by yourself, the parent/carer on this form.

*I, parent/carer of _____ agree to keep SRMS updated with any changes to my child's medication or dosage and give permission for SRMS to administer the appropriate medicines **from their own supply** (Inhaler /Epipen ONLY)for my child's condition should my child's own medicine be unavailable when needed.*

Name (please print) _____ Sign _____

I, the parent carer of the above child give authorisation for my child to self administer medicines listed above with/withoiut SRMS staff supervision. In case of emergency, qualified First aiders on the SRMS staff will be available and may administer medicines

Name (please print) _____ Sign _____

Date _____