



MEDICAL INFORMATION FORM 2019-20

PLEASE COMPLETE THIS FORM IF YOUR CHILD HAS A MEDICAL CONDITION

Basic Details

Year group

Pupil's full name

Pupil's address

Date of Birth

Gender

Medical Information

GP Name

GP Practice

GP contact details

Medical Conditions

Food Allergies specified

Special food requirements Please complete a **Special Diet Request** form if you wish your child to have school meals

Epi pen Antihistamine Please complete a **Medication Consent** form

I give consent for the administration of an Epi pen during school hours if required

Other Allergies

Diabetes Type 1 Type 2

Pump Pen Medication Please complete a **Medication Consent** form

I give consent for a member of staff to help my child in an emergency by testing their blood sugar levels

Medical Conditions continued

Asthma

Medication Please complete a **Medication Consent** form

I give consent for my child to use the generic inhaler held in school in case of emergency

Epilepsy

Medication Please complete a **Medication Consent** form

Heart condition
Please Specify

Medication Please complete a **Medication Consent** form

Other

Please specify

Medication Please complete a **Medication Consent** form

Parental Information

Emergency contact 1

Emergency contact 2

Parent Signature

Date