

**PRESTON PRIMARY SCHOOL
 GENERAL MEDICAL**

(This form will cover **ALL** visits for 2017/18 - please inform us of any changes)

PERSONAL DETAILS:-

CHILD'S FULL NAME		CLASS
NAME & TELEPHONE NUMBER OF DOCTOR'S SURGERY		

MEDICAL DETAILS

Please give details of any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part in any activity. Please complete either box "A" or box "B".

A	I CONFIRM THAT MY CHILD DOES NOT SUFFER FROM ANY MEDICAL CONDITIONS	
	<input type="checkbox"/> (please tick if applicable)	
B	MY CHILD SUFFERS FROM THE FOLLOWING MEDICAL CONDITION(S):-	
CONDITION	DETAILS	MEDICATION
Specific allergies?		
Confirmed medical condition diagnosed		
Diabetes, eczema, asthma or epilepsy? If your child has asthma an inhaler MUST be kept in the classroom		
Is your child taking any long term medication and, if so, what dosage is required?		
Does your child have any specific dietary requirements?		
Does your child wear glasses in school? YES / NO	Does your child wear hearing aids in school? YES/ NO	
Has your child ever been under the care of a specialist or consultant for a medical condition? If yes, please give details. Please include premature birth/infancy complications. (continue on separate sheet if necessary)		

MEDICINE

Calpol

With this written permission Preston Primary will provide Calpol for your child for pain relief. We will always check that the medicine is in date and will try to contact you before administering. We will try to check timing of any previous dose before administering and will not go ahead if there is any doubt over this. We will always inform you if we administer Calpol.

Please state:

- The preferred method of administering dosage
- Can your child self-administer?
- Are there any side effects we need to know about
- Are there any special precautions/other instructions

Spoon/Syringe/Sachet
Yes/No
Yes/No
Yes/No

Asthma

Inhalers –I give consent for you to let my child use a school inhaler if their own inhaler is not available.

All children with asthma must have an inhaler in their classroom.

Medical Emergency: I consent to Preston Primary School Staff to act in a medical emergency and administer the treatment required for my child when there is no time, or when they are unable to get in touch with me.

Signature of Parent/carer _____ Date _____

Telephone Number(s) (Home) _____ Work) _____ (Mobile) _____

Other Emergency Contact Name & Telephone Number:
