

PRE-EXISTING MEDICAL CONDITIONS

DETAILS OF PUPIL	Dietary Requirement / Medical Condition
Surname:	
Forenames:	

D.O.B dd/mm/yyyy	M / F:	Current Class:

Please tick all that are appropriate:

EIPEN <small>Expiry Date:</small>	ASTHMATIC	DIABETIC	ALLERGIES	OTHER

If asthmatic, your child should have a yearly check-up. Date of last yearly check-up: dd / mm / yyyy	Expiry date of inhaler: Please circle as appropriate: Self-Administration: Yes / No
---	---

Please tick the box, to give your consent for your child being administered an emergency salbutamol inhaler if their prescribed inhaler is not available (for example, because they are broken, or empty, or lost)

Yes, I do agree to my child being administered the school's emergency inhaler.

Please tick box, to give consent for your child being administered an emergency Auto Adrenaline Injector if the prescribed injector cannot be administered (For example the adrenaline pen fails, is not in school or a second dose is required).

Yes, I do agree to my child being administered the school's emergency AAI.

Details of your child's allergy / medical condition - and any other information. If you have a care plan from your child's GP or the hospital it would be useful to have a copy of this too please:

Triggers:
Symptoms:
Treatment: (dosage / instructions / timings etc)

DATE:	SIGNATURE:	PRINT:	Relationship to pupil:

If medication is to be kept in school, please hand it to the office (boxed and clearly labelled, with your child's name and class).

LEGAL DISCLAIMER

My child's doctor has prescribed the medication overleaf. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

I understand that neither the Head teacher nor anyone acting on his/her authority, nor the Governing Body, nor Oxlip Educational Community Trust will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Head teacher, the person acting on his/her authority, the Governing Body, or Oxlip Educational Community Trust, as the case may be.

Signed Date

Relationship to pupil

I agree to the medication being kept in school and administered as stated over leaf

Signed

NEW MEDICAL CONDITIONS

DETAILS OF PUPIL	Dietary Requirement / Medical Condition
Surname:	
Forenames:	

D.O.B dd/mm/yyyy	M / F:	Current Class:

Please tick all that are appropriate:

EIPEN <small>Expiry Date:</small>	ASTHMATIC	DIABETIC	ALLERGIES	OTHER

If asthmatic, your child should have a yearly check-up. Date of last yearly check-up: dd / mm / yyyy	Expiry date of inhaler: Please circle as appropriate: Self-Administration: Yes / No
---	---

Please tick the box, to give your consent for your child being administered an emergency salbutamol inhaler if their prescribed inhaler is not available (for example, because they are broken, or empty, or lost)

Yes, I do agree to my child being administered the school's emergency inhaler.

Please tick box, to give consent for your child being administered an emergency Auto Adrenaline Injector if the prescribed injector cannot be administered (For example the adrenaline pen fails, is not in school or a second dose is required).
 Yes, I do agree to my child being administered the school's emergency AAI.

Details of your child's allergy / medical condition - and any other information. If you have a care plan from your child's GP or the hospital it would be useful to have a copy of this too please:

Triggers:
Symptoms:
Treatment: (dosage / instructions / timings etc)

DATE:	SIGNATURE:	PRINT:	Relationship to pupil:

If medication is to be kept in school, please hand it to the office (boxed and clearly labelled, with your child's name and class).

LEGAL DISCLAIMER

My child's doctor has prescribed the medication overleaf. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

I understand that neither the Head teacher nor anyone acting on his/her authority, nor the Governing Body, nor Oxlip Educational Community Trust will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Head teacher, the person acting on his/her authority, the Governing Body, or Oxlip Educational Community Trust, as the case may be.

Signed Date

Relationship to pupil

I agree to the medication being kept in school and administered as stated over leaf

Signed

