



Dear Parent/Carer(s)

I write to advise that following changes to Government guidelines the College has updated the policy on 'supporting pupils with medical conditions at school'. A copy of the full policy can be obtained from school.

In order to ensure that we have accurate information on a student with any medical condition a new detailed form has been devised which I ask you to complete and return, as soon as possible. College records will be updated to reflect information received; I can assure you that all information is treated with the utmost care and treated as confidential.

The College has also created a short term medical information form which will need to be completed if your son/daughter has an illness, that we need to be aware of; these forms are available from the College or on the College website.

The completed forms can be returned via email to dsmythe@lostock.trafford.sch.uk or handed to reception who will pass to Mrs D Smythe; the information will then be forwarded to Miss K Whiting, SENCO and Miss M Bowler, Head of Learner Support for their information and then logged on the student's personal file.

I take this opportunity to thank you in advance for your support in this matter.

Yours sincerely

D Farrent

D Farrent
Headteacher

K Whiting

K Whiting
SENCO

M Bowler

M Bowler
Head of Learner Support

Enc.

To: Parent/Carer(s)
Lostock College



Short Term Medical Information :to be used as and when necessary.

Student's Name:

Name of Doctor and Practice:

Address of Doctor:

Please detail the current medical issue:

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Medication prescribed: YES / NO * please delete : if yes please detail:

Medication:

Dose:

Medication must be in its original container/box and the student's name must be clearly labelled on medication.

If to be taken in school, is student able to self-medicate : YES / NO *

Is it necessary to take medication with water ? : YES / NO *

Do you wish the College, student services, to hold medication ? YES / NO *

Will it be necessary for student to leave lessons to take medication ? YES / NO *

Any other information you feel is relevant:

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Contact Nos: **Name**

This form can be returned via email direct to Mrs D Smythe, dsmythe@lostock.trafford.sch.uk or can be handed to reception who will pass to Mrs Smythe - these details will then be passed to Miss Whiting, SENCO/Ms Bowler, Head of Learner Support and placed in the student's personal file. All information will be treated with the utmost confidentiality.

Thank you for your cooperation in completing and returning this information.



Student's Name:

Name of Doctor and Practice:

Address of Doctor:

Has your son / daughter ever been listed as having a disability : Yes / No. If yes please give details:

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Has/have your son / daughter had/have any long standing illnesses, health problems; by long standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over at least 12 months, please detail:

E.g asthma, diabetes, allergies, problems with mobility, hand coordination, speech and language, difficulties with learning, hearing, vision, behaviour, depressed, anxious, eating disorders.

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Does your son / daughter take any medication, use any physical aids or require any special diet or supplements? If yes, please detail specific medication, dose, when taken. E.g. inhaler - ventolin.

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Is your son / daughter able to self-medicate:

Has/does your son / daughter seen a professional, e.g. a paediatrician, psychologist or a speech and language therapist because of any difficulties?

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Any medical information you wish us to be aware of but which is not at present being treated by a specialist / medication: e.g. eczema, hayfever, headaches; period pains;

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Emergency Contact Nos: Name

..... Name

..... Name

Thank you for your cooperation in completing and returning this information; continue on a second sheet if necessary. If you have no medical information to list; please return the form with NIL written on it.