

Pupil Medical and Welfare Form

If your child has any medically diagnosed conditions/disabilities, please fill in and return the form below. Any confidential issues can be discussed with our Senior Leadership Team - Mr Hardiman, Mrs Mulligan, Mrs Bellis-Knox, Mrs Hilton, Mrs Fay, Miss Brough and Miss Devine.

Name of Child	
Class	
Date of Birth	
Emergency Contact Number	
Address of Doctor	
Telephone of Doctor	
Please tick those that apply:-	Wears glasses.... Hearing problems.... Physical difficulties.... Eczema.... Asthma.... If yes, is inhaler taken regularly yes/no - please delete
Type of inhaler	
Dose	
Time taken	
Is the inhaler needed before exercise Please send a spare inhaler into school clearly labelled with your child's name, dose and time taken so that it is always available. Your child will be supervised taking his/her inhaler.	Yes/No
Allergies - please state	
Does your child have an epipen If yes, please send a spare epipen into school clearly labelled with your child's name and type of allergy	Yes/No
Any other medical issues	

Medicines	If at any time medicine needs to be administered to your child during school hours, this can be done, but only if it is prescribed by a GP or the hospital. The medicine needs to be in its original container, clearly labelled with child's name, class, dose and time to be taken. SLT or First Aiders will administer the medication. By signing this form you are giving permission for the school to administer medicine.
I give my child permission to walk home after school on their own (please tick if you agree).	
I give my child permission to walk home after school if they have taken part in an Extra Curricular Club on their own. (Please tick if you agree).	
I give permission for my child's photograph to be used on social media.	
Parent/Carer Signature	
Please print Name	
Contact Telephone Number	
Date	

Thank you for completing - please return to school asap.