

Please complete ALL sections of this form. The information is required for School, DfES, and Local Authority returns. All information will be treated as confidential and is subject to use within the Data Protection Act (1998).

Surname			······································			Male/Female
First Name						
Name by which your child is known						
Date of Birth						
Admission Date :		Roll No. :	e blank)			
Form :		House :	e blank)			
Supporting Stu	<u>dents v</u>	vith Medica	<u>II Nee</u>	<u>as</u>		
If your child suffers from any of the follow	ing cond	itions please s	supply	the info	rmation r	equested.
Epipen Does your child carry an epipen?		Yes		No		
Why ?						
What is his/her condition:						······
<u>Diabetes</u>						
Does he/she suffer from diabetes ?		Yes		No		
If Yes, is he/she insulin dependent?		Yes		No		
Does he/she inject insulin ?		Yes		No		
Will he/she need to inject in School?		Yes		No		
Does he/she take tablets ?		Yes		No		
Will he/she need to do blood tests in Scho	ool?	Yes		No		
<u>Medication</u>						
Is he/she on any long term medication?		Yes		No		
If Yes, what medication is he/she on						

Epilepsy				
Does he/she suffer from epilepsy ?	Yes		No	
If Yes, how frequent are attacks?				
What happens after an attack ?				
Asthma Deve by (she as "See Consentions 2")	V		NI -	
Does he/she suffer from asthma?	Yes		No	
If Yes, does he/she carry an asthma pump in School?	Yes		No	
If Yes, what is the name and colour?				
	•••••		• • • • • • • • • • • • • • • • • • • •	
When does he/she need to take it?				
Does he/she use a preventative pump ?	Yes		No	
All asthma pumps must be clearly marked with you				Form.
Students must not give their asthma pump to any o	other s	studen	t.	
Allergic reactions				
Does he/she suffer from allergic reactions ?	Yes		No	
If Yes, to what is he/she allergic?				
What is his/her reaction ?				
What treatment is he/she currently receiving?				
, , , , , , , , , , , , , , , , , , , ,				
Sight/Hearing loss				
Does he/she suffer from sight/hearing loss				
(please circle whichever applies) ?	Yes		No	
If Yes, what action does the School need to take?				
	•••••			
Does your child wear spectacles/contact lenses? (please circle whichever applies) ?	Yes		No	
Any other illness or condition				
Does he/she suffer from any other illnesses or conditions?	Yes		No	
If Yes, please specify				

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If your child suffers from any	of the follow	ing cond	itions, ple	ease gi	ve de	etails below:		
Colour Blindne	SS	Impaired Vision				Defective Hearing		
Heart Condition	Bronch	Bronchitis						
Sticking plaster								
Is he/she allergic to sticking p	olaster?		,	res		No 🗆		
<u>Paracetamol</u>								
Paracetamol will only be give			edication	for an	ongo	oing illness, and mus	t be	
left with the Welfare Team to	be administ	ered.						
Name of your child's Doctor's Practice								
	Address							
	Post Code							
	Tel No.							
Has your child had a tetanus	injections	Yes			No			
Please give date of last injection								
Trease give date or last inject	.0.1							
Parent/Carer's signature:								

Data Protection:

We are collecting this data as required by the Education Act, various other laws and to ensure your child's safety. Data will be used in accordance with the school's privacy policy, available online our website, please ask if you want an accessible copy. Information may be shared with other schools, the Department for Education, Enfield council and our delivery partners to deliver education services or if required by law.



Supporting Students with Medical Needs

A letter from the Headteacher to parents of all new students

In order that the School may adequately and properly support any students with medical needs it is requested that all parent(s)/carer(s) complete and return the attached Medical Form. In the case of some illnesses and conditions covered by the Medical Form, the School will send you a separate Medical Agreement to sign. Should any of your child's conditions change during the school year please inform the School at once. It is particularly important that the School has a contact telephone number(s) that can be used at any time throughout the school day should it be necessary to contact you or a close relative about your child. Students are not allowed to telephone home in case of illness, they must go to the Medical Room to seek assistance. Contact will then be made by School staff.

The information provided on the Medical Form will be collated and stored by the School. Necessary information will also be circulated within the School to the appropriate members of staff.

You should be aware that the principal point of contact for all medical matters within the School is via the Welfare Team. Therefore, should you, or your child, have any concerns of a medical/welfare nature these should be discussed with them rather than other members of staff. Only members of the Welfare Team, the other First Aiders or Senior Staff are permitted to authorise students to leave school during the school day for medical reasons. Please note that if your child is physically sick they should be kept at home for at least 24 hours afterwards.

Medications in School

You must consult with the Welfare Team by telephone to obtain the School's approval before any medication can be brought into School. Only medication prescribed by a doctor will be allowed in School and then only if the dosage requires administration during the school day. If the School agrees to the medication being brought into School it must be given to a member of the Welfare Team with written instructions including your child's name, the name of the medication, its expiry date, details of the dosage, the amount of the dosage, when administration is to commence and end. The medication will then be retained in the Medical Room. It is the student's responsibility to come to the Medical Room at the appropriate times to take the medication; the student will not be called for.

Analgesics (Pain Killers)

Students are not allowed to carry their own analgesics with them whilst in School. If your child is ever prescribed pain killers of any sort by a doctor then these will be treated in the same manner as any other medication as indicated overleaf.

Asthma Pumps

Students who have asthma pumps may keep them with them rather than leave them in the Medical Room. The pump (not the box or container) should be clearly marked with the student's name in case it is mislaid. Spare pumps may be left in the Medical Room.

<u>Please contact a member of the Welfare Team if you wish to discuss any individual medical</u> details/issues before your child starts at the School.

PTO

There are two main sets of circumstances in which parents can rightly ask the School to administer medicines to students during the school day:

- In cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy.
- In cases where students who are recovering from a short-term illness are well enough to return to School but are still taking medication.

Please observe the following:

- Medicines must be given to a member of the Welfare Team on arrival at School.
- Medicines must be clearly labelled and accompanied by a letter authorizing the dose to be given with the following information:
 - Contents
 - Owner's name
 - Dosage
 - When the medicine should be administered
- In the case of <u>ASTHMA</u>, pumps may be carried by students, but they should be clearly marked with the student's name and Form. (They can then be returned quickly to the owner if left somewhere.) Spare pumps can be left the Medical Room for emergencies.
- In the case of <u>ANALGESICS</u>, a student can leave a supply of Paracetamol tablets with the Welfare Team.

Finally, for the safety of everyone:

No other pain killers should be brought into School.

At no time must students carry medication around School.

Please make sure it is handed to a member of the Welfare

Team upon arrival at School.