



## Park Lane Primary & Nursery School

### Pupil Medical Information

The school requires up to date information at all times for every child with a medical condition, for all pupils who require medication during the school day and for those with allergies.

Also, if your child uses an inhaler, epi-pen or requires medication for long term health reasons please complete the form and return to the school office as soon as possible.

It is important that we have up to date details on our records. This information is stored on our database and remains there until your child leaves school or we are advised differently by yourselves.

Please clearly label all medication including inhalers and make sure that they are in date.

If your child's needs/requirements change over time or they no longer require medication please inform the office so we can amend our records.

PLEASE COMPLETE ALL SECTIONS

|   |  |  |
|---|--|--|
| Child's full name   |  |  |
| Date of birth   |  |  |
| Contact details   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Class/Class teacher   |  |  |
| Does your child have a medical need/condition/allergy/dietary requirement that the school needs to be aware of? | Yes<br><input type="checkbox"/><br>Please complete ALL further sections. | No<br><input type="checkbox"/><br>If no please sign and date form. |
| Medical diagnosis or condition<br>(If asthma please complete an additional form 'School Asthma Card')           |  |  |
| Description of medical needs/condition  |  |  |

## Medical needs information

|   |           |
|---|-----------|
| Symptoms/triggers/signs to look for   |           |
| Any known medical allergies (eg penicillin, hayfever)   |           |
| Any known dietary requirements/allergies  |           |
| Emergency treatment<br>(what could happen in an emergency and what action to take)  |           |
| Equipment/devices needed  |           |
| Details of medication<br>(eg name, dose, when to be taken, possible side-effects)<br><i>Please complete additional 'Long/Short Term Care Plan form'</i> |           |
| Any other comments  |           |
| Date  | Signature |

For office use only:

Sims:

Medical tracker:

Class Medical Booklet: