



Healthcare and Medication form

Child Details	
Name:	Date of Birth:
Year:	Class:
Parent/Guardian Details	
Name:	Address:
Relationship to child:	
Contact Number:	
Medical Details	
GP Name:	Address:
GP Practice contact number:	
Medical Conditions	
Please describe condition:	
Please give details of pupil's individual symptoms:	
Daily care requirements: (e.g. before sport/at lunchtime)	
Describe what constitutes an emergency for the pupil, and the action to take if this occurs:	



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Medication			
Does your child require medication?		YES	NO
Name of Medicine:	Dose & Instrument for administering dose: (e.g. Inhaler/EpiPen)	Frequency/Times:	Expiry date of medicine:
Consents			
I agree to members of staff administering medicines or care to my child that have been listed on this form.			
I agree to update information about my child's medical needs, held by the school on a regular basis.			
I will ensure that the medicine has by school has not exceeded its expiry date.			
I agree that all the information given is correct.			
Parent/Legal Guardian Signature:			
Print Name:			
Date:			
School Representative Signature:			
Print Name:			
Date:			



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