Nurses Direct Line: 01689 879 197

Please complete this form & return to school if there are any changes to medical information during the academic year

INFORMATION FOR NURSING STAFF

Name of child: .... **Date of birth:** ....

Address: ....

....

Name of parent/guardian: ....

Home telephone number: .... **Mobile:** ....

Alternative contact name and telephone numbers:

1: Name: .... **Number:** ....

2: Name: .... **Number:** ....

Name and address of family Doctor: ....

.... **Telephone no:** ....

Does your child have seizures? No/Yes (if yes, see below)

Drug to be administered: ....

Dose: .... **How many minutes after start of seizure:** ....

Does your child have any allergies? No/Yes (if yes, see below)

List allergies: ....

Are any medications prescribed for this? Yes/No

Name of drug: .... **Dose:** ....

When to be given: ....

Continued overleaf…

From time to time, trained staff may need to administer first aid. Please state if your child has any medical allergies, e.g. plasters, wipes, etc.

………

<u>Does your child have asthma</u>? No/Yes (if yes, see below)

Does he/she use an inhaler? No/Yes (if yes, see below)

Name of drug: ………………………………………………………………… Frequency: ……………………………………………

Please list any other drugs your child is receiving (please continue on a separate sheet if necessary):

<u>Name of Drug</u>	**<u>Dosage</u>**	**<u>Frequency</u>**	**<u>Purpose of Drug</u>**
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			
<u>4.</u>			

Name of consultants and hospitals your child attends:

……

………

Is there anything else we should know?: ………………………………………………………………………………………

………

I have read the accompanying information regarding the 'Administration of Medication for Children in Special Schools'.

I give/do not give (please delete as applicable) consent for Paracetamol to be administered to my child.

Dose usually given: ……

I give permission for my child's prescribed medication to be administered by the Nursing Team and any member of School staff that has received the appropriate training.

Signed: ……………………………………………………………………………………… Date: …………………………………………

Please print name: …………………………………………………………………