

# The Garibaldi School



## Medical Information Form

Please complete all relevant information on this form to enable us to update the medical records for your child. Please see the privacy notice on the school website which details why we collect this information and how we use it.

Student Surname	Student Forename
Date of Birth	Mentor Group

### Doctors Details

Name, Address and Telephone number of doctors surgery:
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<b>1. Does your child have a specific medical condition? E.g. Allergies, Asthma, Hay Fever, Epilepsy, Arthritis etc.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state the condition(s):	

**Please note:** Although we have the facility to store general medication (i.e. paracetamol, ibuprofen etc.) we are unable to administer any medication to students.

<b>2. Does your child need any medication or treatment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please ensure your child knows the correct dosage and are capable of taking their own medication.	

We do recommend that with any medication taken on a regular basis, a spare supply is given to the school for use in case of emergencies e.g. Inhaler, EpiPen, migraine treatment etc. Your child will be responsible for administering this medication themselves.

<b>3. Does your child have a recognised disability?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details:	

<b>4. Is there any further information that you feel the school/school nurse should be aware of with regard to your child?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details:	

**Any medication to be administered to your child in school must be supplied with a completed parental consent form, which authorises school staff to administer the medication to your child. Consent forms are available from the school office.**

### Dietary Requirements

Artificial colouring allergy <input type="checkbox"/>	No dairy produce <input type="checkbox"/>	Gluten Free <input type="checkbox"/>
Kosher foods only <input type="checkbox"/>	Halal <input type="checkbox"/>	No Pork <input type="checkbox"/>
Seafood Allergy <input type="checkbox"/>	No nuts of any type or quantity <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
Egg Allergy <input type="checkbox"/>	Other (please give details)	

**Please return the completed and signed form to the school office.**

Signature: (parent/carer)

Date:

Print Name: