



MEDICAL CONDITIONS

We process medical information and dietary requirements in order to safeguard those pupils in our care. It will be necessary to process, store and share this medical information with relevant staff members due to a substantial public interest and for treatment where applicable. This information will be shared with the school nurse, kitchen staff and authorised staff members will have notification of medical information and dietary requirements. Where relevant we will share this information with activity providers should you consent on behalf of your child to attend school trips/extra-curricular activities. In order to protect your child's vital interests, we will share this information with the emergency services in the unlikely event of an emergency situation. If you have any specifications of any treatment that cannot be provided to your child by the emergency services for whatever reason, please note this below.

Parents/guardians are urged to contact the school as soon as possible if any of the information provided changes over the course of the academic year.

Child's Name Class

Does your child have a medical condition/allergy? **YES/NO** (delete as appropriate)

If NO please sign section 3 (please turn over)

If YES please complete section 1/ section 2

SECTION 1

Medical Condition/Allergy	Treatment	Medication in School

My child will need(medication) in school for their(condition)

I have provided school with(medication) and completed the medical consent form attached.

Children in Year 2 and above will carry their own inhalers.

School does have Emergency Inhalers which can be given if your child has not got their inhaler but needs it.

Signature of Parent/Carer Date

SECTION 2

My child **DOES NOT** require any medication in school for their medical condition/allergy stated above

Signature of Parent/Carer Date

SECTION 3

My child does not have a medical condition/ allergy

Signature of Parent/Carer Date