



## **MEDICAL AND DIETARY REQUIREMENTS**

Our school recognises that allergies and dietary requirements affect many school children. As we update our records annually, please inform us if your child has any condition that the school should be aware of. Please complete the form attached detailing any medical needs or dietary requirements. Please contact the school office regarding any medical need that requires daily medication or that we should be aware of should an emergency arise. A meeting may need to be arranged for further discussion.

### **Medication**

It is the parents'/carers' responsibility to provide the school with current medication and ensure that all medication is renewed upon expiry. In the case of asthma, inhalers will be kept in the school office, unless otherwise specified by the parent/carer, and only removed when your child is attending a school trip. Please provide written instructions for use with your child's inhaler and spacer.

EpiPens will be kept in the school office and all of our staff are trained in the use of them.

Please advise us immediately if your child's medication changes and provide replacement medication as and when necessary.

- **Prescribed Medication**

If required, the school office staff can administer prescribed medicines which must be labelled with a pharmacy's label stating your child's name, date of issue, name of the medicine, dose and frequency. In ALL cases an 'Administration of Medicine Permission Form' must be completed and this can be obtained from the school office.

- **Unprescribed medication**

Please do not send in any unprescribed medicines, this includes cough sweets, Calpol or Neurofen. It is our policy that Calpol or other non-prescribed medicines will not be administered.

### **Injuries at school**

If your child has an injury at school eg. grazed/bruised knee, you will receive a white injury notification that will be sent home at the end of the day with your child. You will be contacted by telephone about any injury we are more concerned about.

- **Head Injuries**

If your child has a head injury (however minor) we will let you know at the end of the school day by a 'red' head injury letter and/or verbally. You will be contacted by telephone about any head injury we are more concerned about.

***Please ensure you keep the office informed of any change to your contact numbers.***



**MEDICAL AND DIETARY REQUIREMENTS**

*Please complete this form and return it to the school office.*

**Child's name:** ..... **Class:** .....

**Known medical condition\*** (please tick relevant box/es):

- Asthma: *please indicate whether an inhaler will be kept in school*      yes / no
- Nut allergy (please provide details) .....
- Sesame allergy (please provide details) .....
- Eczema
- Epilepsy
- Diabetes
- Allergy to plasters
- Other (please specify) .....

\*Details of any prescribed Medication: .....

**Known dietary requirements** (medical or religious purposes):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Vegetarian  | <input type="checkbox"/> No beef             |
| <input type="checkbox"/> No dairy    | <input type="checkbox"/> No pork             |
| <input type="checkbox"/> No egg      | <input type="checkbox"/> No fish             |
| <input type="checkbox"/> Gluten free | <input type="checkbox"/> No seafood          |
| <input type="checkbox"/> No nuts     | <input type="checkbox"/> Fruit allergy ..... |
| <input type="checkbox"/> No sesame   |  |

*Additional details may be provided in the space on the reverse of this sheet.*

- I undertake to supply prescribed medication to the school office, to discuss the procedure for administering this and sign the appropriate form.
- I undertake to ensure that any medication held by the school has not exceeded its expiry date.
- I undertake to keep the school updated on any changes in my child's medication, medical condition or dietary requirements.

**Signed:** ..... (parent/carer) **Date:** .....

**Print name:** .....



**MEDICAL TREATMENT CONSENT**

*Please complete this form and return it to the school office.*

I authorise appropriate First Aid/medical treatment to be provided to my child

..... *(print name)*

should this become necessary during the course of a school day.

Signed: ..... *(parent/carer)*

Print name: .....

Date: .....

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**Additional information for Medical Conditions and/or Dietary Requirements**

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