

ST HUGH'S SCHOOL CONFIDENTIAL MEDICAL FORM

Name of Child: Date of Birth:

Does your child have any medical conditions? If yes, please supply details, ie asthma, hayfever, epilepsy, diabetes:

Is there any other medical information that the school should be aware of, ie surgery or medical investigations, or any physical or mental health concerns?

Does your child have any allergies to food or medication?

Does your child take any regular medication? If yes, please supply details:

Has your child had all their childhood immunisations? If no, please give details.

Does your child wear glasses or contact lenses?

Does your child have reduced hearing or grommets fitted?

Name, address and telephone number of GP & Surgery:

In the event of illness or injury, when parents are not contactable, I give permission for the named person below to be contacted:

Name: Relationship to Child:

Contact Telephone Number: Email:

I also give consent for the School to authorise hospital treatment should it be required.

Name of Parent:

Signature: Date:

CONSENT TO ADMINISTER MEDICATION AT ST HUGH'S SCHOOL

Name of Child: Date of Birth:

I agree to my child being given appropriate medication by the school nurses, and authorised St Hugh's staff, in accordance with the school policy.

 These may include the following - **please tick either the 'YES' or 'NO' box below:**

Treatment	YES	NO
Anthisan (for bites and stings)		
Arnica Cream (for bruising)		
Calpol Fast Melts		
Cetaben Cream (moisturiser)		
Hayfever Medication (cetirizine, loratadine or chlorophenamine)		
Ibuprofen Tablets/ Syrup		
Kwells (for travel sickness)		
Muscle Rub		
Olbas Oil		
Paracetamol Tablets/Syrup		
Infant Paracetamol		
Paediatric Simple Linctus (for coughs)		
Sudocream (moisturiser)		
Vaseline		
Vicks Vapour Rub		

Please list any other medication that you do NOT give consent to being administered to your child:

Name of Parent: Signature:

Date: