

FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Address:	
Mobile phone number:	
Work phone number:	
Email:	

EMERGENCY SITUATIONS

An emergency occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
This child/ young person has the following medical condition(s)	
That requires the following medication:	

Medical condition	Drug	Dose	When	How is it administered?

PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?
Please provide any medical letters to support restrictions.

Is any extra care needed for physical activity?

Actions before exercise

Actions during exercise

REQUEST FOR CHILD TO CARRY THEIR OWN MEDICATION This form must be completed by parents/carers/student over 16 years (delete as appropriate) **If staff have any concerns discuss this request with healthcare professionals.**

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If staff have any concerns discuss this request with healthcare professionals

Name of School/Setting	Tibshelf Community Schoo
Childs name	
Date of birth	
Form	
Address	
Name of Medicines	
Procedure to be taken in an emergency	
Contact Information	
Name	
Daytime telephone number	
Mobile Number	
Relationship to child	
This form will need to be kept with the medication	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary

Signed _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

PARENTAL CONSENT FOR SCHOOL//SETTING TO ADMINISTER MEDICATION

Child's Name	
D.O.B	
Form/Year	
Name and Strength of Medication	
Dosage and Method	
Time to be given	
Special precautions	
Any further instructions	
Number of tablets/quantities received by school	
Start Date	End Date

NB. MEDICATION MUST BE IN THE ORIGINAL BOX/CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

Are there any side effects that the school/Setting needs to know about?	
Self-Administration	YES NO
Procedures to take in emergency	
Telephone number of Parent/Carer	
Name and Phone number of G.P.	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering the medication in accordance with the school policy. I will inform the school immediately, in writing if there is any change in dosage of frequency of the medication or if the medication is stopped.

Parent's/Carer's signature _____ Date _____

Print Name _____

If more than one medication is to be given, a separate form should be completed for each.