

LINWOOD SCHOOL

Emergency Medical Details

Full Name of Child

Date of birth

Does your child suffer from any special conditions/allergies? (E.g. epilepsy, asthma) Please give details: -

Hospital

In an emergency, do you wish your child to go to a specific hospital and if so which one?
Does your child have open access to a hospital ward? If so, which one and where?

Medication

Name of medication 1

Dosage

Time

Reason

Prescribed by

Please tick if medication 1 required during school day

Name of medication 2

Dosage

Time

Reason

Prescribed by

Please tick if medication 2 required during school day

Name of medication 3

Dosage

Time

Reason

Prescribed by

Please tick if medication 3 required during school day

To develop independence pupils are encouraged to be responsible for their own medication where appropriate, for instance to carry their own inhaler during school time.

Please tick box if your child will be carrying their own inhaler.

Medication - Important Notes

- **Please do not send into school more than half a terms supply**
- **Please send medication with original packaging & pharmacy prescribed label with:**
Pupil's name
Name of the drug
Strength, dose & frequency
Expiry date (*with exception of inhalers – should be clearly marked with pupil's name*)
- **Medication to be given in school must be given directly to the teacher by the parent /guardian or from them via the pupil's passenger assistant.**
- **It is appreciated that some medication requires refrigeration but the school cannot guarantee that this will always be possible.**

Parental Consent – <i>please complete</i>	
I request that the medication ticked above should be administered to my child whilst he/she is at school.	
I agree that the medicine will be administered by a member of the teaching / non teaching staff at school, who may / may not have any first aid or medical training.	
I understand that all unused / out of date medication will be returned home for disposal.	
I will update the school regarding changes in medication and emergency contact telephone numbers.	
Signed:	Print Name:
Parent / Carer	Date: