

# St. John's Walworth CE Primary School

Larcom Street, Walworth, London SE17 1NQ

Headteacher: Mr Matthew Velada-Billson

Business Manager: Mrs Kelly Robinson, Office Manager: Ms Sarah Lopez

Receptionist: Mrs Corrine Owens

Tel: 020 7703 4920

Email: [office@stjohnswalworth.southwark.sch.uk](mailto:office@stjohnswalworth.southwark.sch.uk)

Web: [www.stjohnswalworthprimary.co.uk](http://www.stjohnswalworthprimary.co.uk)



Friday 4<sup>th</sup> October 2019

## Pupil Medical Information Form

Dear Parents and Carers,

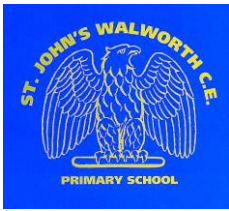
We are in the process of updating our pupil medical data.

Please complete the form below.

**If your child is already registered at school as having a medical condition, please still complete this form as we need to update all our pupil records.**

Please sign the completed form and return to the school office as soon as possible.

Name of Child:
Date of Birth:
Class / Year:
<b>Medical Condition:</b> Please tick as appropriate
<b>Asthma</b> <input type="checkbox"/>
Does your child take prescribed medication?    Yes                      NO                      Please circle
If your child has asthma you must come to the school office to collect a <b>School Asthma Card</b> form. This form should be filled out and taken to your GP to sign and then be returned to the school office. The <b>School Asthma Card</b> will act as your child's School Care Plan and will enable staff to be clear on procedures to manage your child's asthma at school. Your child's <b>School Asthma Card</b> will be kept in their named school medical pack along with any other documentation, their inhaler and prescribed medications. You will also be asked to complete and sign the <b>Medical Parental Consent form</b> . Please see details at the end of this letter.
<b>Epilepsy</b> <input type="checkbox"/>
Does your child take prescribed medication?    Yes                      NO                      Please circle
Please provide us with copies of any documentation your GP may have given you, such as a Care Plan. Please make an appointment via the school office to meet with our School Nurse who will construct a <b>School Health Care Plan</b> for your child. This will assist us in ensuring your child's safety and help us manage your child's health while at school. Your child's <b>School Health Care Plan</b> will be kept in their named school medical pack along with any other documentation and any prescribed medications. You will also be asked to complete and sign the <b>Medical Parental Consent form</b> . Please see details at the end of this letter.



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## Allergies

Please give details:

Does your child take prescribed medication?    Yes                      No                      Please circle

Does your child have an EpiPen?    Yes                      No                      Please circle

Please provide us with copies of any documentation your GP may have given you, such as a Care Plan. Please make an appointment via the school office to meet with our School Nurse who will construct a **School Health Care Plan** for your child. This will identify the necessary responsibilities to keep your child's school environment safe and how to respond to an emergency, should one arise.

Your child's **School Health Care Plan** will be kept in their named school medical pack along with any other documentation, their EpiPen and prescribed medications.

You will also be asked to complete and sign the **Medical Parental Consent form** which can be obtained from the school office. Please see details at the end of this letter.

## Eczema

Does your child take prescribed medication or use prescribed creams?    Yes                      No                      Please circle

Please give details:

You are required to complete and sign the **Medical Parental Consent form** which can be obtained from the school office. Please see details at the end of this letter.

## Other Medical Conditions

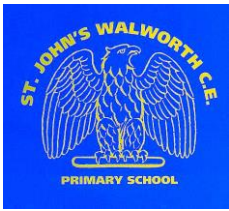
Please give details:

Does your child take prescribed medication?    Yes                      No                      Please circle

Please give details:

You are required to complete and sign the **Medical Parental Consent form**.

Please see details at the end of this letter.



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## Prescribed Medications

If you wish school staff to administer prescribed medications to your child including antibiotics and Calpol

**or** you wish your child to self-administer their asthma pump

**or** you wish your child to self-administer treatment creams for conditions such as eczema

you are required to come to the school office to fill out and sign the **Medical Parental Consent form**.

Please note that the school can only administer **prescribed** medications.

## The Medical Parental Consent Form

Please collect this form from the school office.

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

Please note that the school can only administer **prescribed** medications

## Multiple Medical Conditions:

If your child has more than one medical condition, all medicines, care plans and consent forms will be kept together in the same named school medical pack.

**Parent Name:**

**Parent Signature:**

**Date:**