**Medical Information and Consent to Administer Medication**

This section needs to be completed for students with a diagnosed medical condition or allergy, or who have a physical, visual or auditory disability.

**Only complete this form if you have selected ‘Yes’ to at least one question on the Medical Information section.**

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| **Child’s full name** |  |
| **Type of medical diagnosis, allergy and/or physical, visual or auditory disability.** |  |

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| **Medical Contact Information** | **Hospital / Clinic** | **GP Practice** |
| Name |  |  |
| Telephone |  |  |

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| **Consent to Administer Medication** |
| This section must be completed in full **and signed**. The completion of this form does not act as a guarantee that the school will administer medication and the school may refuse to administer medication at any time. Any medication to be administered must have been administered previously by the parent to minimise the risk of adverse or allergic reaction to any new medication. All medication must be stored its original container and be clearly labelled with the child’s name. Please refer to the *Supporting Pupils with Medical Needs Policy.* [*www.ndhs.org.uk*](http://www.ndhs.org.uk)*/About Us/Policies* |
| Description of medical needs including child’s symptoms, triggers, signs, treatments |  |
| Name of medication (as described on the container) |  |
| Is the medicine prescribed? | Yes / No | Is the medicine to be self-administered? | Yes / No |
| Will the student keep the medicine with them? (if not it will be kept at Student Reception) | Yes / No | Does the medicine need to be kept in the refrigerator? | Yes / No |
| Dosage and method |  |
| When to be administered |  |
| Duration of course |  |
| Side effects / contra-indications |  |
| **Consent to administer medication as above: Parent/Carer signature** | **🖋** | Date |  |

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| **Specific support for a physical, visual or auditory disability** |
| What are the daily care requirements? |  |
| What specific support for the pupil’s educational social and emotional needs (e.g. facilities, equipment, devices and environmental issues) are required to support the child? |  |
| **FOR OFFICE USE ONLY** |
| **Date of Care Plan** |  | **Review Date** |  |
| **Student Support Manager** |  | **SENCO** |  |