Crofton Academy

MEDICAL/MENTAL HEALTH CONDITIONS FORM

This form should only be completed if your child has a medical condition, INCLUDING mental health conditions

FULL NAME OF PUPIL	
DATE OF BIRTH	

MEDICAL DETAILS Please supply as much detail as possible to help us care for your child

MEDICAL CONDITION ☐ **MENTAL HEALTH CONDITION** ☐

Tick as appropriate

MEDICAL/MENTAL HEALTH CONDITION(S) Continue overleaf if necessary and attach medical documentation if appropriate.	
	DOES MEDICATION NEED TO BE TAKEN AT SCHOOL? (Please tick) **YES** ☐ **NO** ☐
MEDICATION TO BE TAKEN AT SCHOOL (PRESCRIBED OR OTHERWISE) Include name, quantity and times medication to be taken in school.	

MY CHILD REQUIRES AN EPIPEN/BUCCAL/MIDAZOLAM/ INHALER	**YES**		**NO**	
CHILD HAS AN EPIPEN/INHALER IN THEIR SCHOOL BAG	**YES**		**NO**	
SPARE EPIPEN/INHALER WLL BE IN THE FIRST AID ROOM	**YES**		**NO**	

ACTION TO BE TAKEN IN EVENT OF AN EMERGENCY/CRISIS	

MEDICAL CONTACT DETAILS			
DOCTOR		**CONTACT NUMBER**	
SURGERY & ADDRESS			
CONSULTANT/PAEDIATRICIAN & HOSPITAL		**CONTACT NUMBER**	
ANY OTHER RELEVANT INFORMATION			

I hereby give the school consent to treat my child for the above condition and administer medication as detailed above. I am aware that it is my responsibility to update school of changes to this information.

SIGNED ______________________________ **DATED** __________________

RELATIONSHIP TO CHILD ______________________________

Please include any additional information you feel we need overleaf or attach hospital letters/care plans.

FOR OFFICE USE ONLY					
RISK ASSESSMENT REQUIRED	YES		NO		
RISK ASSESSMENT UNDERTAKEN	YES		DATE:		
MEDICATION RECEIVED	YES		DATE:		
MEDS FORM COMPLETED	YES		DATE:		
SIMS UPDATED	YES		DATE:		