*Section A Personal Details*

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| **CURRY RIVEL PRIMARY SCHOOL** | |
| **Medical Notification form**  This form should be used for parents to notify school of a medical condition | |
| Name of Child |  |
| Date of Birth |  |
| Medical Condition |  |

*Section B Medical Needs*

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| Description of Medical needs |
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| --- |
| Medication and dose (please include all medication even if it is not administered in school) |
|  |

*Section C Emergency Treatment*

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| What constitutes a medical emergency? |
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| What action should be taken in an emergency? |
|  |

*Section D Consents and Permissions*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Emergency Contact 1 | Emergency Contact 2 | Emergency Contact 3 |
| Name |  |  |  |
| Relationship |  |  |  |
| Parental Responsibility |  |  |  |
| Contact Phone number |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Name | Contact Details |
| GP |  |  |
| GP surgery |  |  |
| Hospital Link |  |  |
| Hospital |  |  |

I give consent for this information to be shared with relevant adults in the school setting 🗆

I give consent for a key information sheet to be displayed in the staffroom for all staff 🗆

I will provide school with copies of relevant medical information 🗆

I will provide school with in date, labelled prescription medication (if needed) 🗆

I will update school with any changes to my child’s medical condition 🗆

I give consent for my child to receive emergency medical treatment 🗆

|  |  |  |
| --- | --- | --- |
| Signed (Parent/Carer) |  | Date |
| Signed (School representative) |  | Date |