



Medical Information & Consent

Child's Surname				
Child's First name				
Also Known as			Male	Female
Date of birth	Age	Name of Siblings/ Extended Family		
Home Address (including postcode)				
Telephone Contact numbers:				
First Language		Second language		
Religion		Ethnicity		
Parent/ Carer Name	Relationship	Address	Tel	<i>Parental Responsibility</i> Y/N
Medical History (Physical and Mental Health)				
 <i>Any confidential information which you do not wish to be made available to school staff should be sent in writing in a sealed envelope to the School Nurse</i>				
Medication taken at home		Emergency Medication		
 Medication required during school day (Dose, frequency and how they take it?)				
Allergies				

GP:	Address: Email:	Tel. Number:
Consultant Paediatrician:	Address: Email:	Tel. Number:
Consultant Psychiatrist:	Address: Email:	Tel. Number:
Consultant:	Address: Email:	Tel. Number:
Consultant:	Address: Email:	Tel. Number:
Consultant:	Address: Email:	Tel. Number:
CAMHS	Address: Email:	Tel. Number:
Community Nurse / Respite Nurse	Address: Email:	Tel. Number:
Physiotherapist	Address: Email:	Tel. Number:
Occupational therapist	Address: Email:	Tel. Number:
Speech & Language Therapist	Address: Email:	Tel. Number:
Social Worker	Address: Email:	Tel. Number:
Educational Psychologist	Address: Email:	Tel. Number:
	Address: Email:	Tel. Number:
	Address: Email:	Tel. Number:
	Address: Email:	Tel. Number:

Individual Needs Profile

Name of child: -

Date of Birth: -

Applicable from:-
To be updated annually or when needed

Needs	Comments	Person Responsible
Specific Medical Needs eg Epilepsy, Asthma etc <i>e.g. Emergency medication, Non weight bearing, susceptibility to fracture</i>		
Mental Health & Behaviour management		
Mobility/ Equipment		
Occupational Therapy		
Physiotherapy		
Eating & Drinking <i>Likes/dislikes</i> <i>Dietry requirements?</i>		
Vision <i>Glasses or contacts?</i>		
Hearing <i>Aids? Any hearing loss?</i>		
Communication <i>Preferred method ? Any issues?</i>		
Sleep Pattern		
Personal Hygiene/ Continence <i>Any assistance needed? Wetting?</i> <i>Soiling?</i> <i>Wears pads?</i>		
Medication to be given at school <i>At what time? And how?</i>		

Child's Name

Immunisations

Additional Information

Consent

Information about your child may be shared within the LVS team to ensure the safety of your child. The Data Protection act says that the processing of information should be fair and lawful, that it should only be for a clear and specified purpose, that only relevant information should be disclosed, that it should be accurate, that it should only be shared and held as long as necessary, that the rights of the data subject are upheld, and that the system should be secure.

The law also says that we must share information in order to safeguard or protect a child or young person.

- I consent to my child being given Paracetamol for pain or Piriton if required for allergy.
- I undertake to provide adequate supplies of prescribed medication and to complete a medicine consent form.
- I understand that only staff members who have received appropriate training in accordance with the school's code of practice will give medication.
- I consent to my child receiving emergency treatment including anaesthetic
- I consent to my child receiving any necessary first aid by a qualified member of staff
- I consent to my child being asked to apply sun lotion if the need should arise (sg School sports day)
- I have read and will abide by the Administration of Medication Policy (See school website)

I agree to information being shared between the staff caring for my child

AND
I agree to the School Nurse having contact with other the health professionals involved in my child's care

Name of principal parent / main carer/guardian

Signature

Date

Name of School Nurse receiving this form

Signature

Date

Admin only

Information uploaded to Patient Tracker

Date