

Medical Diagnosis Form
Please fill in each section. Please include and up to date address and telephone number.

The school will not give your child medicine unless prescribed by a doctor. You must complete and sign this form which states you have read and agree to the medical policy (available on our website) and understand that staff are unable to administer medicine to your child. By signing this form, you are also agreeing that school property salbutamol inhalers may be used by your child (only where your child is asthma diagnosed) in emergency situations e.g. their own inhaler being empty or damaged.

Name of child	
Date of birth	
Class	

Medical diagnosis or condition	
Date of diagnosis	
Review date	
NHS number	

Clinic/hospital	
Contact name	
Telephone no.	
Address	

GP surgery	
GP name	
Telephone no.	
Address	

Description of medical needs and details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects

Arrangements needed for school trips

What constitutes an emergency and the actions to take if this occurs

Any other information

If you'd like to discuss your child's medical condition or feel an individual healthcare plan is needed please request a contact from Miss A James (SENCo).

I understand it is my responsibility to inform the school of any changes to my child's medical/dietary needs, whether permanent or on a temporary basis.

Signed _____ Print _____ Date _____



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