|  |  |
| --- | --- |
| Child’s name |       |
| Tutor Group |       |
| Date of birth |       |
| Child’s address |       |
| Medical diagnosis or condition |       |
| Date |       |
| Review date |       |
| **Family Contact Information** |  |
| Name one |       |
| Phone no. (work) |       |
| (home) |       |
| (mobile) |       |
| Name two |       |
| Relationship to child |       |
| Phone no. (work) |       |
| (home) |       |
| (mobile) |       |
| **Clinic/Hospital Contact** |  |
| Name |       |
| Phone no. |       |
| **G.P.** |       |
| Name |       |
| Phone no. |       |

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| Who in the school needs to be aware of the child’s condition?      |

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| Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.       |

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| Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.      |

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| Daily requirements within school hours: (e.g. before sport/at lunchtime).      |

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| Any further information/ follow up care.      |

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| Describe what constitutes an emergency, and the action to take if this occurs.      |

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| Arrangements for school visits/ trips etc.      *(NB: Separate consent forms for educational visits and adventurous activities will need to be completed for each activity)* |

|  |  |
| --- | --- |
| Signature/ Name |       |
| Relationship to child |       |
| Date |       |

***Please help us to help your child by completing this form as fully as possible and updating it when necessary.***

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| Action to be taken in school: Staff training needed/ undertaken – who, what, when.      |