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| --- | --- |
| Name of school | Ferndown Middle School |
| 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. |