KRISHNA AVANTI
PRIMARY SCHOOL, CROYDON

Medical Information

Information from this section may be shared with the Inclusion Officer and appropriate school staff. If further details are required, a member of the staff will contact you.

1. GP Surgery Details

Child's name:	**Child's NHS Number:**
Surgery name:	**GP's name:**
Surgery Address:	**Postcode:**
GP's Telephone Number:	**GP's/Surgery Email:**

2. Dental Information

Does your child have a dentist?	YES / NO	**Has your child had a dental check in the last 12 months?**	YES / NO
Dental Surgery Name:		**Dentist's Name:**	
Dental Surgery Address:		**Postcode:**	
Telephone Number:		**Surgery Email Address:**	

3. Medication:

The School will not be able to administer medicine to your child unless we receive parental agreement to administer medication (you must complete a medical form, available from the office). Please note that the school can only administer medication that has been prescribed by a GP/Hospital, and only if the medication has a statutory pharmacy label. Please ensure that you supply the school with valid medication and replenish medication before its expiry date.

Does your child take any medication? For example: asthma inhalers, eczema cream, EpiPen for anaphylaxis (severe allergies), hay fever etc. (Please do not include home remedies).	YES / NO
If YES, please state the name(s) of the medication(s), and the purpose/condition:	

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Is your child allergic to any medications?	YES / NO	**If YES, please note them here:**	
Is your child allergic to plasters?	YES / NO	**Does your child require medication regularly during school hours?**	YES / NO

If your child takes any medication the school will require two lots of the medication on the first day your child attends school – one for the classroom and one for the office.
You must complete a consent form for the school to administer the medication.
Your child must not be in possession of any medication, either prescribed or non-prescribed.

4. Medical History

Does your child have any difficulties with:

Communication		Manipulative skills	
Eyesight		Speaking	
Hearing		Understanding instructions	
Movement		Co-ordination	

Have you ever been told by a health-care professional that your child has any of the following:

ADD/ADHD		Eczema		Mental health condition	
Asthma		Epilepsy/seizure disorder		Skin condition	
Bleeding disorder		Febrile convulsions		Other	
Bone/muscle disease		Gluten intolerance		If 'other', please list here:	
Coeliac		Heart condition			
Diabetes		High blood pressure			

Does your child experience any of the following:

Emotional concerns		Fainting spells		Frequent ear aches		Frequent stomach aches	
Frequent headaches		Heatstroke		Nose bleeds		Physical disability	
Other: (Please list)							

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5. Life Affecting/Threatening Conditions

Does your child have a life-threatening health condition?	YES / NO
If YES, please describe the details of the condition and the treatment required, e.g. medication:	

Medical Procedures/Operations

Please give details and dates of any procedures/operations your child has undergone:

Dates:	**Details:**

Allergies

Is your child allergic to any of the following:

Animals		Bees		Pollen (hay fever)		Plants	
Medication		Food (please list below)		Other			

If food or other, please list specific allergies here:

Please use the space below to describe the allergic reaction(s) and the treatment for each allergy ticked or described

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6. Declaration

I understand that the information given above may be shared with appropriate school staff if beneficial for the health and safety of my child. If either I or any of our authorised emergency contact persons cannot be reached at the time of medical emergency, I authorise and direct the school staff to send my child to the most easily accessible hospital, physician or call an ambulance. I also understand that staff at Krishna Avanti Primary School may need to medically attend to my child, whilst he/she is at school.

I note that Krishna Avanti Primary School and its employees are not liable for any claims of any nature arising during the period of education by virtue of the attendance of the pupil, except incidents arising from the negligence of Krishna Avanti Primary School or its staff/volunteers.

I warrant that the information given above is correct to the best of my knowledge

I agree and understand that the person administering first aid for the school may act on my behalf on all matters affecting or concerning my child. I understand that all reasonable efforts will be made to contact me before taking any action, but accept that in particular cases this may not be possible

I agree to Krishna Avanti Primary School making any further enquiries that it considerers necessary to establish whether my child is medically fit to participate in activities provided by the school in the light of the information given above.

Signed: _____ **Date:** _____

Relationship to Child: _____