

St Mary's Primary Academy School, Wellington Street, Grimsby, DN32 7JX
Medical Information Form

Child's First Name: _____ Surname: _____ Class: _____

Address: _____ Postcode: _____

Main Contact Name & Number in an Emergency: _____

<p>Does your child suffer from Asthma? If yes, is this controlled by medication? If yes, what medication do they take. Do they use an inhaler? Is the inhaler needed in school?</p>	
<p>Does your child suffer from diabetes? If yes, please give details of current medication/treatment.</p>	
<p>Does your child suffer from any allergies? If yes, please give details. Has any allergy resulted in anaphylactic shock? If yes, do they carry an epi-pen?</p>	
<p>Does your child have any food intolerances? If yes, please give details. What are the symptoms if your child has a food they are intolerant to? Are they prescribed any medication for the intolerance?</p>	
<p>Does your child take any long-term medication?</p>	
<p>Does your child suffer from any other medical condition?</p>	

I will inform the school if any changes of my child medical need or medication.

Please sign _____ Print Name _____ Date _____

In signing this, you as a Parents/Carer are giving Permission for your child to receive emergency treatment while in school such as a EpiPen, Inhaler or CPR.

Please sign _____ Print Name _____ Date _____