

TOWN LANE INFANT SCHOOL
MEDICAL INFORMATION 2023/24

Does your son/daughter/ward suffer from any of the following conditions?

Asthma	Yes/No	Bronchitis	Yes/No
Chest Trouble	Yes/No	Diabetes	Yes/No
Epilepsy	Yes/No	Fainting Attacks	Yes/No
Heart Trouble	Yes/No	Migraines	Yes/No
Raised Blood Pressure	Yes/No	Tuberculosis	Yes/No
Severe Allergic Reactions	Yes/No	Anaphylactic Shock	Yes/No
Hay Fever	Yes/No	Skin Problems	Yes/No

If you answered Yes to any of the above, please give details (please be specific with regards to allergies)

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Does your son/daughter/ward require any medication for any of the above and is he/she currently taking the medication on a regular basis? Yes/No

If Yes – please give details of the medication taken:

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Please give details of any other medication your child is having on a regular basis (and what this medication is for)?

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If your son/daughter/ward is required to bring his/her medication to school would he/she need it on a trip out of school? Yes/No

(NB – Staff will administer any prescribed medication to children. Staff are responsible for ensuring that they take any required medicine with them if they leave the school premises for a trip or visit. Staff can keep medicine safe during the journey if required. It will be the responsibility of the parents to ensure the appropriate clothes are available for the trip i.e. waterproof clothing sun hats and sun screen).

Has your son/daughter/ward received a tetanus injection in the last 3 years? (Please give date) Yes/No:
Diabetic/vegetarian/vegan/nut allergy/other (please specify)

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Can your son/daughter/ward swim? Yes/No

Do you consider your son/daughter/ward to be a competent/Immediate/or a beginner?

Do you agree to your son/daughter/ward taking a trip to or near an area close to or on the water? Yes/No
All necessary Risk Assessments will be considered and completed by staff prior to such visits.

“I understand the importance of the school having up to date and accurate medical information for all its pupils and I undertake to inform the school immediately if any of the above circumstances or conditions for my son/daughter/ward change in any way, if his/her medication ceases to become necessary or if the medication changes.”

It is not the responsibility of school staff to seek out this information from parents prior to a trip/visit.

Pupil’s Name:.....

Class:.....

Parent/Guardian Signature:

Date: