

AYLSHAM HIGH SCHOOL

MEDICAL NEEDS UPDATE

Student name: **Date of birth:**

Please state below any **NEW** medical conditions, including allergies, that your child may have developed or any changes that may have occurred to known medical conditions, including allergies. There is no need to complete this form if your child has no medical needs or if there have not been any changes.

Details of any NEW OR CHANGES TO medical conditions, including allergies:

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I understand that:

- any future changes to medical conditions, including allergies, will be notified to the school as and when they arise
- I agree to keep the school up to date with my emergency contact details

Signature of parent/carer:

Print name: **Date of signature:**

Address:

.....**Postcode:**

Telephone: **Mobile:**

If your child has either been diagnosed with asthma or has an epi-pen please complete the relevant section below. Please put a line through any section which is not relevant to your child:

Child has been diagnosed with asthma:

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will keep with them in school every day.

In the event of an asthma attack:

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signature of parent/carer: _____ Date: _____

Child has been diagnosed with an allergy and given an epi-pen:

1. I can confirm that my child has been diagnosed with an allergy/has been prescribed an epi-pen [delete as appropriate].
2. My child has a working, in-date epi-pen, clearly labelled with their name, which they will keep with them in school each day. I will provide a duplicate epi-pen to be held in the medical bay.

In the event of an allergic reaction:

In the event of my child displaying symptoms of an allergic reaction, and if their epi-pen is not available or is unusable, I consent for my child to receive treatment from a school spare adrenaline auto injector held by the school for such emergencies.

Signature of parent/carer: _____ Date: _____

Please return completed form for the attention of Medical Needs Officer.