

Bishopton Road West, Stockton-on-Tees,
 TS19 0QH
 T: 01642 704970
 E: enquiries@olsb.bhcet.org.uk
 W: www.olsb.bhcet.org.uk



OUR LADY & ST. BEDE
 CATHOLIC ACADEMY

Head Teacher: M Wilkinson
 CEO: Dame M Regan DBE OBE, DL
 M.Ed., B.Ed (Hons), FCIEA, CEA
 Deputy CEO: M Shorten M.Ed., BA (Hons)
 Chair of Directors: M Matthews B.Ed, NPQH

Medical Information Form

Name of pupil:..... **Form Group:**.....

Medical Information

It is the responsibility of parents/carers to provide school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

Please provide details of any medical condition your child has, including regular medication needs, e.g. epilepsy/asthma/diabetes/allergies etc. Please also provide the name, address and telephone number of your GP/Medical Centre.

Medical conditions

-
-
-
-

Medication required

Medication	Dose and Frequency	Any other information

Allergies (including food/medication)

-
-
-

Medication required

Medication	Dose and Frequency	Any other information

Please note, if your child's medication changes, is discontinued, or the dose or administration method changes, parents must notify the school immediately.

Travel Sickness

Does your son/daughter suffer from travel sickness?

Yes

No

If yes, what medication do they require:

Medication	Dose and Frequency	Any other information

Individual Health Care Plans

If your child has any of the following we require their most up to date **individual health care plan**:

- Asthma
- Diabetes
- Epilepsy
- Allergies that require use an epi pen

These plans should come from your GP or regular health care practitioner e.g. diabetes/epilepsy nurse.

Name of GP/Medical Centre	
Address of GP/Medical Centre	
Telephone number of GP/Medical Centre	

Consent

I give full permission for members of school staff to authorise emergency medical treatment in an emergency for my child and also to administer minor first aid if needed.

Signed(Parent/Carer)

Date: