



Dear Parents/Carers,

Thank you for requesting a medical information form because your child has new medical information that needs to go on the school system.

This information is used in school with regard to first aid issues, food technology activities and to look after your child's welfare.

Please fill in the box below.

Childs name:

Class:

Year Group:

Specific medical information:

Parents/Carers signature: _____

Date: _____

At Worthington Primary School we can only administer prescribed medication.

Please fill in the reverse of this form if your child needs medication on site at all times e.g. an asthma inhaler, an epipen etc. It's your responsibility to make sure it is in date.

If the information above is regarding Asthma **your child can be added to the schools emergency asthma inhaler list and you will be sent another letter/consent form for you to fill in regarding this when we receive the information from this form.**

Please remember at Worthington Primary School we can only administer prescribed medication.

Please complete as soon as possible and hand back to school in an **envelope addressed to Miss Brocklehurst.**

Thank you for your co-operation on this matter,

Mr Searle



Worthington Primary School Permission Form To Administer On-going Medication.



I/We give permission for my child to receive the named medication, as per the information below and that my emergency contact details are the same as stored in the office files:

(Please note we are unable to administer non-prescription medicines in school.)

| | |
|--|--|
| Name of child: | |
| Child's date of birth: | |
| Academic Year and class the child is in: | |
| Medication to be administered: | |
| What the medication is for: | |
| Dosage to be administered: | |
| When to be administered, including time if applicable: | |
| Any other information: | |

The parent/carer has responsibility to make sure these records will be updated annually and any changes during the year must be reported to school straight away.

Signature: _____ Date: _____

Print full name: _____ Parent/Carer.

Signature: _____ Date: _____

Print full name: _____ Member of school staff.