



# BARWELL CHURCH OF ENGLAND ACADEMY

WORKING IN PARTNERSHIP WITH ST MARY'S CHURCH BARWELL

HEADTEACHER: MISS V NEWMAN

## **BELIEVE    ACHIEVE    SUCCEED**

**LEARNING THAT LASTS A LIFETIME**

**Love thy neighbour in a flourishing school community**

Our Ref - AP - 10

Dear Parent/Carer

To ensure we can offer the best care for your child we need to know if they have any medical conditions or allergies.

### **PLEASE READ THE FOLLOWING CAREFULLY**

- 1 IF YOUR CHILD **DOES NOT HAVE ANY MEDICAL CONDITIONS NOT RELATED TO ASTHMA OR ALLERGIES.** PLEASE TICK HERE AND COMPLETE **SECTION A** BELOW, THEN RETURN THE FORM TO SCHOOL. ☐
- 2 IF YOUR CHILD **DOES HAVE MEDICAL CONDITIONS** PLEASE TICK HERE AND COMPLETE **SECTION B** ON THE BACK OF THIS LETTER IN FULL. ☐
- 3 IF YOUR CHILD **HAS ASTHMA** TICK THIS BOX & COMPLETE **SECTION C** ON BACK OF THIS FORM. ☐
- 4 IF YOUR CHILD **USES AN ADRENALINE AUTO INJECTOR** TICK THIS BOX & COMPLETE **SECTION D**. ☐

### **SECTION A**

It is important for us to have up to date medical information for your child at all times. Should your child be diagnosed with any medical conditions throughout the school year, you will need to update this information at the school office please.

Child's Name ..... Class.....

Signature & Name.....Date .....  
(Person with the parental responsibility for the above named child)



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## **SECTION B - MEDICAL DETAILS**

Name of child \_\_\_\_\_ Class \_\_\_\_\_

Medical condition/s \_\_\_\_\_

Symptoms of medical conditions: \_\_\_\_\_

**PLEASE STATE WHICH MEDICINES ARE LIKELY TO BE NEEDED IN SCHOOL.**

\_\_\_\_\_

Medicine needed: \_\_\_\_\_ Dose? \_\_\_\_\_ How often? \_\_\_\_\_

Indications for administration: \_\_\_\_\_

Tick appropriate statements:

MY CHILD REQUIRES REGULAR MEDICATION ADMINISTRATION DURING SCHOOL HOURS

☐

MY CHILD REQUIRES MEDICATION ADMINISTRATION IN THE EVENT OF SYMPTOMS OCCURRING AS STATED ABOVE.

☐

I agree & understand that it is my responsibility as parent/carer to ensure that my child has in date medication in school.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

## **SECTION C – ASTHMA**

Name of child \_\_\_\_\_ Class \_\_\_\_\_

PLEASE STATE WHICH INHALER IS LIKELY TO BE NEEDED IN SCHOOL AND LIKELY INDICATIONS FOR USE. (i.e Relievers, before PE, going out into the cold air etc)

**INHALER NEEDED** \_\_\_\_\_ **INDICATIONS FOR USE** \_\_\_\_\_

**KNOWN TRIGGERS** \_\_\_\_\_

**Please tick the appropriate statements:**

My child carries their own inhaler

☐

My child requires a spacer and I have provided this to the school

☐

My child does not require a spacer.

☐

**PLEASE REMEMBER THAT YOUR CHILD NEEDS THEIR INHALER IN SCHOOL AT ALL TIMES, INCLUDING TRIPS & SWIMMING LESSONS. INHALERS SHOULD BE CLEARLY MARKED WITH CHILD'S NAME.**

The school does carry an emergency Ventolin Inhaler for use in extreme emergencies.

Please tick here to consent to the school using this inhaler on your child should the need arise.

☐

I agree and understand that it is my responsibility as a parent/carer to ensure that my child has in-date inhalers and a spacer (if prescribed) in school everyday. I understand that if my child's inhaler is not in school he/she may be excluded from participating in school trips / PE lessons or any physical activities due to safety reasons.

Signature & Name \_\_\_\_\_ Date \_\_\_\_\_

(Person with the parental responsibility for the above named child)

## **SECTION D – ADRENALINE AUTO – INJECTOR**

Name of child \_\_\_\_\_ Class \_\_\_\_\_

Medical condition \_\_\_\_\_

PLEASE STATE WHICH SEVERE ALLERGY \_\_\_\_\_

PLEASE STATE WHICH EPIPEN OR JEXTPEN IS TO BE NEEDED IN SCHOOL.  
DEVICE NEEDED \_\_\_\_\_

In order to have devices in school, it is necessary for school to have an up to date care plan from the GP/hospital.

I agree and understand that it is my responsibility as parent/carer to ensure that my child has in date EpiPens/Jextpens (x2) in school at all times.

Signature & Name.....Date .....  
(Person with the parental responsibility for the above named child)

**Please remember to inform the school if there are any changes in your child's treatment or condition. This record is for your school use only.  
Remember to update it if treatment is changed in anyway.**