



# 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**

Dear Parent/Carer

We are currently updating our medical records and need to know the following:

1. If your child is has any medical conditions (including Asthma)
2. If your child uses any form of inhaler or takes any forms of medication.

PLEASE READ THE FOLLOWING CAREFULLY

- IF YOUR CHILD **DOES NOT HAVE ANY MEDICAL CONDITIONS.** PLEASE TICK HERE AND COMPLETE **SECTION A** BELOW, THEN RETURN THE FORM TO SCHOOL.
- IF YOUR CHILD **DOES HAVE MEDICAL CONDITIONS** PLEASE TICK HERE AND COMPLETE **SECTION B** ON THE BACK OF THIS LETTER IN FULL.

### 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 remember that your child needs their inhaler in school at all times, including school trips and swimming lessons. Inhalers should be clearly marked with his or her name.

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

I confirm that my child, as named above, does not currently suffer with Asthma and I will notify the school immediately of any medical changes.

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 \_\_\_\_\_

**PLEASE STATE WHICH INHALERS/MEDICINES ARE LIKELY TO BE NEEDED IN SCHOOL, AND THE LIKELY INDICATIONS FOR USE**

(i.e. Relievers: before games/going out into cold air/during a bad cold, etc.)

Symptoms of medical illness: \_\_\_\_\_

\_\_\_\_\_

Inhaler/Medicine needed: \_\_\_\_\_

\_\_\_\_\_

Indications for use: \_\_\_\_\_

\_\_\_\_\_

Known triggers / allergies \_\_\_\_\_

\_\_\_\_\_

**Circle 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
- My child requires regular medication administration during school hours.
- My child requires medication administration in the event of symptoms occurring as stated above.

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.

**Please note**, this inhaler is for emergencies only and if the emergency inhaler is used on your child a log will be kept and you will be notified.

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. 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.

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. Remember to update it if treatment is changed.**