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**Medical Data Collection Form**

To ensure we can support children with medical needs and, where appropriate, put in place a medical care plan, please complete this form and return it to the school office

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| **Student Information** | |
| Full Name:  Date of Birth  Class/Year Group | |
| **Parent/Guardian Emergency Contact Information:** | |
| **Parent / Guardian 1**  Full Name:  Address  Contact Number:  Email Address: | **Parent / Guardian 2**  Full Name:  Address  Contact Number:  Email Address |
| **Medical Information** | |
| 1. Does your child have any medical conditions? (e.g., asthma, diabetes, allergies)    * Yes ☐ No ☐    * If yes, please provide details:      1. Does your child have any allergies? (e.g., food, medication, environmental)    * Yes ☐ No ☐    * If yes, please provide details including known triggers: 2. Does your child have an existing medical care plan?    * Yes ☐ No ☐    * If yes, please provide a copy of the care plan. 3. Are there any specific actions or precautions the school should take to support your child's medical needs?    * Yes ☐ No ☐    * If yes, please provide details: | |
| **Medical Diagnosis** | |
| Medical Diagnosis:  Signs and Symptoms:  Date Diagnosed: | |
| **Dietary needs** | |
| Does your child have any dietary needs or restrictions? (e.g., vegetarian, gluten-free, nut allergy)   * + Yes ☐ No ☐   + If yes, please provide details:   Does your child require any special dietary accommodations during school meals or snacks? ( e.g Diabetic)   * + Yes ☐ No ☐   If yes, please provide details: | |
| **Medication Details** | |
| 1. Does your child require regular prescription medication (linked to a medical condition) during school hours?    * Yes ☐ No ☐    * If yes, please provide details of the medication, dosage, and administration times and any special instructions: | |
| **Medical Contacts** | |
| **Doctor** | |
| Name of Doctor:  Practice Name:  Address:  Contact Number | |
| **Paediatrician** | |
| Name of Paediatrician:  Hospital / Clinic  Address:  Contact Number | |
| **Any other relevant medical professionals (e.g., Specialists)** | |
| Name  Specialty  Contact Details | |
| **Emergency Procedures** | |
| In the event of a medical emergency, the school will:   1. Administer first aid as necessary. 2. Contact emergency services (999) if required. 3. Notify the parent/guardian immediately. 4. Follow the child's medical care plan, if available.   Keep a record of the incident and actions taken | |
| **Consent for Information Sharing** | |
| I confirm that I give consent for:   * The information I give to the school is to be shared with appropriate members of staff and outside agencies (e.g., PE Coaches, School Cook). * My child’s photo and medical needs protocols to appear on a medical alert poster, which will be displayed in areas such as near the teacher’s desk, in the school office, and in the school kitchen so that all adults (including those from external agencies) are aware and can respond to my child’s needs effectively.   In the event of an emergency, the school will immediately call 999 and will take advice and deliver emergency treatment as directed by the 999 service | |
| **NO medication in school**  **Disclaimer**  My child does not require any medication to be held in school  Signed: (Parent) …………………………………………….. Date ……………  **Important Medical Information**  This record is for your school. Please remember to update it if there are any changes in treatment. Provide the school with copies of any medical information from pediatricians or other healthcare professionals.  The school will review all the information provided and determine whether an Individual Medical Care Plan is necessary to ensure your child's medical needs are fully met. If a Health Care Plan is required, it will be developed in consultation with you and a medical professional. | |