



Student Medical Information Form

Child's Name:

Year Group:

If your child has been diagnosed by a doctor with an **ongoing medical condition** which requires medication or possible treatment (including conditions such as Asthma, Diabetes Type 1, severe Migraines and Allergies requiring Epi-pens etc), please complete the details below:

| MEDICAL DIAGNOSIS/ CONDITION (Specify main condition/ diagnosis first) | APPROX DATE OF DIAGNOSIS | DESCRIBE MEDICAL NEEDS AND GIVE DETAILS OF CHILD'S SYMPTOMS | POSSIBLE DAILY CARE REQUIREMENTS AT SCHOOL (IF APPLICABLE) | WHAT CONSTITUTES AN EMERGENCY FOR THE CHILD; POSSIBLE ACTION TO TAKE IF THIS OCCURS | REVIEW DATE (IF APPLICABLE) |
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☐ I have provided details of my child's medical diagnosis/condition. NB Our Medical Officer may contact you for further information.

☐ My child has NO medical problems or conditions.

☐ My child requires a prescribed Auto Adrenaline Injector (AAI) and/or Inhaler
(Please complete relevant forms from our website – Consent Form – School Spare Adrenaline Auto Injector (AAI)/Consent Form – School Spare Ventolin Inhaler)

Parent/Carer Signature:

Date:

Davenport Foundation School fully complies with information legislation.

For the full details on how we use your personal information please see the school website or call 0208 508 0404 if you are unable to access the internet.