



# Alexander Hosea Primary School

*'Roots to grow, wings to fly'*

## **Medical Needs Form**

**This form needs to be completed (USE BLACK INK) for every pupil and returned to school either in advance of the pupil starting school, prior to reintegration or if there are any changes to their medical needs. This information is also collected annually.**

**LEGAL NAME OF PUPIL:** \_\_\_\_\_ **YEAR AND/CLASS:** \_\_\_\_\_

### **PART 1 – MEDICAL NEEDS**

Medical needs are conditions which have been medically diagnosed and which require use of long term medication, emergency medication or use of medical techniques. Please ring the appropriate statement(s) below.

My son/daughter

a) does not have any medical need

b) has a medical condition which requires medication to be used in school but this will be self administered

c) has a medical condition which requires medication to be used in school and assistance is requested from staff

d) has a medical condition and will require assistance other than support with medication

NB: If you have ringed either b) c) or d) please also complete the 'Request to Administer Medication Form' attached.

NB: The prime responsibility for a pupil's health lies with the parent or carer. Assistance will only be provided where the Request to Administer Medication Form is completed and it must be clearly understood assistance provided by the school is on a voluntary basis; there is no legal requirement on staff to administer medication.

**PART 2 – ALLERGIES**

Please advise if your child has any allergies that staff should be made aware of. Severe allergies/ anaphylaxis, will be diagnosed as a medical condition and should be incorporated in your answer to Part 1 above. Please ring the relevant statement below:

My son/daughter

a) does not have any allergies

b) is allergic to the following:

NB: If as a result of the allergy your child may suffer an extreme allergic reaction please also complete the Request to Administer Medication Form additional information form as well.

Signed by Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Needs Form continued REQUEST TO ADMINISTER MEDICATION FORM**

If you have ringed anything other than a) in parts 1 and 2 of the Medical Needs Form you should complete the relevant section(s) below or arrange to contact the school and discuss the situation. Please complete all of the relevant sections even if there is some duplication.

Please note this information will be kept confidential until a decision is made as to whether the medical needs can be supported at school. If so, the information will be communicated to staff and volunteers, as necessary, to ensure your child’s safety.

<b>A) Request for child to self- administer medication</b>
Please provide the following information on your child’s medical condition
What is the medical condition?
What medication will your son/daughter bring to school?
Please indicate what constitutes an emergency situation for your child. (That is when something other than normal care will be required.)
Any other information which you feel is relevant:

<b>B) Request to assist with the Administration of Medication</b>
Please provide the following information on your son/daughters medical condition
What is the medical condition?
What medication will your son/daughter bring to school
Please indicate what constitutes an emergency situation for your child. (That is when something other than normal care will be required.)

Any other information which you feel is relevant:

**C) Request to assist with Medical Techniques**

Please provide the following information on your son/daughters medical condition

What is the medical condition?

What medical techniques will staff be expected to assist with?

Please indicate what constitutes an emergency situation for your child. That is when something other than normal care will be required.

Any other information which you feel is relevant:

**D) Request to assist in the management of your child's allergy/ies**

Please provide the following information on your son/daughters allergy/ies

What is your child's allergy/ies?

What support will be required to manage the allergy/ies?

Please indicate what constitutes an emergency situation for your child. (That is when something other than normal care will be required.)
Any other information which you feel is relevant

NB: all medicines kept in school must be in the original container including the label with your child's name, with instructions for use, as dispensed by the pharmacy. No pupil is to carry their own medication.

Signed by parent/carer:

Date: