**PILGRIM PRIMARY SCHOOL**

**MEDICAL RECORD**

In order to give you child the best possible care throughout the school day it is essential that we are aware of any conditions that may affect their wellbeing. We would be grateful if you could fill out the form below and return it to school as soon as possible.

**Should any of the details below change, please inform the school in writing immediately so that we can be sure that our records are up to date.**

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| Pupils Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does your child suffer from any medical conditions? YES/NO  Please give details: |

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| Does your child take any medication on a regular basis? YES/NO  **Please Note: only inhalers or medication prescribed by a doctor may be given in school. You will need to fill in either the Asthma or medication consent forms before the school can give your child their medication.** |

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| Are there any foods that your child is unable to eat due to either religious reasons or food allergies? YES/NO  Does your child suffer from any other allergies? YES/NO  Is your child a vegetarian? YES/NO  Please give details: |
| Pilgrim Primary School now holds a bottle of Piriton anti allergy liquid in case of an allergic reaction.  I do/do not give consent for my son/daughter to be given an age appropriate dose of ‘over the counter’ non-prescription medication by the first aider or a suitably trained member of staff.  Parent/Carer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| I give permission to Pilgrim Primary School to administer general first aid on my child if they have an accident while in school.  I consent to members of the school staff accompanying my child to hospital in the event of serious injury where urgent treatment is necessary. I understand that every effort will be made to contact me immediately, should this occur.  Parent/Carer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |