



SCISSETT MIDDLE SCHOOL

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Headteacher: Mrs A. Large

MEDICAL NEEDS FORM

The School will not give your child medicine unless you complete and sign this form and the school has a policy that the staff can administer medicine. In line with government guidelines, medication will not be administered without parental consent.

Name of Pupil: Class: Date of Birth:

Medical Condition:

Medication

Name/type of medication (as described on the container):

Expiry Date: Dosage/Method : Time:

Special precautions / other instructions:

Asthma / Allergies

My child will carry an inhaler / Adrenaline Auto-Injector with them. Yes / No (Please circle)
My child will leave a spare inhaler / Adrenaline Auto-Injector in the office. Yes / No (Please circle)

Brand of Adrenaline Auto-Injector (if applicable): Emerade / Epipen / Jext (Please circle)

N.B. Medicines must be in the original container as dispensed by the pharmacy.

Procedures to take in an emergency:

Emergency contact name / number:

- I have provided School with an up to date Care Plan from a Medical Professional
- I understand that I must deliver the medicine personally to the school office

The above information is, to the best of my knowledge, accurate at the time of completion and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately in writing, if there is any change in dosage or frequency of the medication or if the medication is to be stopped.

Name: Relationship to Pupil:

Signed: Parent/Guardian Date:

