SCISSETT MIDDLE SCHOOL

Wakefield Road, Scissett, Huddersfield, HD8 9JX
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Head of School: Mrs G Senior
Executive Headteacher: Mr C Taylor

MEDICAL NEEDS FORM – ASTHMA / ANAPHYLAXIS

Please complete this form and return it to the School Office along with the medication.
Please note, 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. **All medicines must be in the original container as dispensed by the pharmacy.**

Name of Pupil: .... Class: .... Date of Birth: ....

Medical Condition: ....

Special Precautions /Instructions: ....

Emergency Contact Name / Number: ....

ASTHMA:

My child will carry a named inhaler with them and I will provide a spare inhaler for the office (please tick) ☐

I have provided a copy of my child's My Asthma Care Plan to school (please tick) ☐

In the event of my child needing to use an inhaler and theirs being unavailable or unusable, I consent for my child to use an emergency salbutamol sulfate (blue) inhaler and spacer held by school for such emergencies. (please tick) ☐

ANAPHYLAXIS:

My child will carry two adrenaline auto-injectors with them and I will provide two spare adrenaline auto-injectors for the school office (please tick) ☐

Brand of adrenaline auto-injectors: Emerade / EpiPen / Jext (please circle)

I have provided a copy of my child's Allergy Action Plan to school (please tick) ☐

In the event of my child displaying symptoms of anaphylaxis, and their AAI being unavailable or unusable, I consent for my child to receive an Epipen held by the school for such emergencies. (please tick) ☐

ANY OTHER MEDICATION:

Name of Medication: ....

....

Expiry Date: .... Dosage/Method: .... Frequency/Time: ....

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/Carer) Date: ....