



Dear Parents/Carers,

I am writing to you to check our medical information we have on our system about your child is up to date. At the moment your child **doesn't** have any medical information on file, E.g. Asthma, Eczema, allergies.

If your child has medical issues that need to be on our school system please fill in the box below.

Child's name:		
Class:	Teacher's name:	Year Group:
Specific medical information:		

Parents/Carers signature: _____ Date: _____

Please complete as soon as possible and hand back to the school office in an **envelope addressed First Aid, if your child does** have medical information that needs to go on the system.

If the information above is regarding Asthma **your child needs to have a blue inhaler that stays in school at all times and one that is in date.**

Also, if your child has an inhaler or other medication on site for the medical reasons stated above (e.g. EpiPen etc.) you must fill in the form on the reverse of this letter and bring it back to school as soon as possible. This form must be completed annually.

Please remember at Worthington Primary School we can only administer prescribed medication and it's your responsibility to make sure it is in date.

If the information above is regarding Asthma **your child can be added to the school's emergency asthma inhaler list and you will be sent another letter/consent form for you to fill in regarding this when we receive the information from this form.**

If your child still doesn't have any medical issues, **please ignore this letter.**

Thank you for your co-operation on this matter,

Mrs Jones



Worthington Primary School Permission Form to Administer On-going Medication.

I/We give permission for my child to receive the named medication, as per the information below and that my emergency contact details are the same as stored in the office files:

(Please note we are unable to administer non-prescription medicines in school.)

Name of child:	
Child's date of birth:	
Academic Year and class the child is in:	
Medication to be administered:	
What the medication is for:	
Dosage to be administered:	
When to be administered, including time if applicable:	
Any other information:	

The parent/carer has responsibility to make sure these records will be updated annually and any changes during the year must be reported to school straight away.

Signature: _____ Date: _____

Print full name: _____ Parent/Carer