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| **Child’s name** |  | |
| Group/class/form |  | |
| Date of birth |  | |
| Child’s address |  | |
| **Medical diagnosis or condition** |  | Spare AAI consent, if applicable  **Yes No N/A** |
| Date of diagnosis (approx.) |  | |
| **Family/Emergency Contact Information** |  | |
| **Priority 1** - Name |  | |
| Relationship to child |  | |
| Phone no. (work) |  | |
| (home) |  | |
| **Priority 2** - Name |  | |
| Relationship to child |  | |
| Phone no. (work) |  | |
| (home) |  | |
| **Priority 3** - Name |  | |
| Relationship to child |  | |
| Phone no. (work) |  | |
| (home) |  | |
| **GP** - Name |  | |
| Phone no. |  | |
| **Clinic/Hospital** - Name |  | |
| Phone no. |  | |

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| Who is responsible for providing support in school, including emergency care and social/emotional support |  |

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| **Parent/Carer**  Signature: Print Name:  Date: Relationship to child: |

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| **School Representative**  Signature: Print Name:  Date: |

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| **Review date**: (annually): |

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| --- | --- |
| **Child’s name** |  |
| **Medical diagnosis or condition** |  |

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| Describe how the condition affects your child, including their typical symptoms. |
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| If your child’s condition leads to an ‘attack’ (e.g. asthma, allergic reaction) describe what the **triggers** are and any **control measure**s that can be taken to try to avoid an attack; what a **severe attack** would look like; and, the **action** to take **if an attack occurs**. |
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| What are your child’s **daily requirements** related to their condition? Including the **name**, **dosage** and **timings** of any **medication**; details of any **specialist equipment** needed. |
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| Arrangement for off-site educational visits. |
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| Staff training needed. |
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| **ADVICE FOR PARENTS**  **Remember:**   1. **It is your responsibility to tell the school about any changes in your child's medical condition or medications** 2. **It is your responsibility to ensure that your child has their medication and medical equipment with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher.** 3. **It is your responsibility to ensure that your child's medication has not expired** |