



# St. Augustine's Catholic Primary School



## MEDICAL 'NEED TO KNOW 'AND PARENT/GUARIDAN CONSENT FORM

Child's Name:		DOB:	Year Group:
Address:			Home Tel:
Emergency Contact's details:	Relationship to child:	Tel:	
Emergency Contact's details:	Relationship to child:	Tel:	
Name of GP:	Address:	Tel:	
Hospital:	Tel:	Consultant:	
The above named child has been identified as having:			
This means that:			
The following medication is required to be taken:			
Name of Prescribed Medicine:	Expiry Date:	Dose:	Frequency/Times:
<b>Please note: As per the 'Supporting Pupils at School with Medical Conditions and Administration of medication Policy', the school will administer emergency inhalers/spacer/Auto Immune Injector when required. This policy is accessible on the school website <a href="http://www.staugustines.dorset.sch.uk">http://www.staugustines.dorset.sch.uk</a></b>			
Special Instructions:			

