Student’s Name

Tutor Group Date of Birth

Address

Medical Condition

or Diagnosis

Date of Diagnosis

Describe the Medical Needs and give details of the Student’s symptoms

Describe what constitutes an Emergency for the Student, and the Treatment to be given if this occurs.

|  |  |
| --- | --- |
| **Wildern School holds an emergency EpiPen and an Emergency Asthma Inhaler which can be used on any Student whose prescribed medication is not available. Please sign below to give consent for this to be used on your Son/Daughter if required. Please note that it is still advisable for all students who need it to have a spare EpiPen or Inhaler held** **in the First Aid Room. Please delete as applicable Permission for Emergency EpiPen/Emergency Asthma Inhaler.**  **Parent/Guardian Signature**  **Date** | |
|  | |
|  |  |

**Family Contact Information**

Name

Phone Number – Home

Mobile

Work

Name

Phone Number – Home

Mobile

Work

Name

Phone Number – Home

Mobile

Work

**G.P.**

Name

Phone Number

**Clinic/Hospital Contact**

Name

Phone Number

**Parent/Guardian Signature**

**Date**