Student Medical Information Form 2021/22

*Confidential*

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your son/daughter have any medical conditions? e.g.: diabetes, epilepsy, allergies. Please attach additional information if necessary. An epi-pen must be left at reception where needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due to Covid-19, the school will not be able to dispense paracetamol, strepsils and sinutab to students.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Authorisation

In the event of an accident or illness, I authorise Sandford Park School or its representatives to take the necessary steps to provide basic medical support and administer the following products:-

- Plasters/Fabric/Waterproof Strips - Domerid

- Optrex - Rennies

- Anthisan - Vaseline

- Clarityn - Burneze/Burnshield

- Deep Heat/Deep Freeze Spray

- Bepantiseptic/Savlon

- Antiseptic Wipes/Alcohol Prep Pad

Please note that if these specific products are unavailable, an equivalent product may be used as an alternative.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_