

Student Medical Information Form

Confidential

Name of student: _____

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.

I authorise school representatives to dispense paracetamol tablets as per instructions, and I also accept that no liability shall attach to Sandford Park School or its representatives provided that the pharmaceutical distributors' instructions are adhered to.

➔ 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 | - Paracetamol |
| - Optrex | - Rennie's |
| - Anthisan | - Vaseline |
| - Clarityn | - Burneze/Burnshield |
| - Deep Heat/Deep Freeze Spray | - Motilium |
| - Bepantiseptic/Savlon | - Sinutab |
| - Strepsils | - Domerid |
| - 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: _____