

Child's/Young Person's Information			
Child/Young Person's Details			
Child's/ Young Person's name			
Name of school/setting			
Address of school/setting			
Academic Year			
Date of birth			
Child's address			
Medical diagnosis or condition			
Medical Information			
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc			
Medication			
Name of medication			
Dose			
Method of administration			
When to be taken			
Side effects/contra-indications			
Administered by Supervision needed			
Daily Care Requirements			
Support for pupil's educational, social and emotional needs- including useful strategies			
Reasonable Adjustments/ Support for School /Recommendations			
Emergency Situations			
What is considered an emergency?			
What are the signs and symptoms?			

What are the triggers?	
What action must be taken?	
Follow up action	

I can confirm that the information I have given is correct.

Signed _____ Date _____

Please Print _____

I can confirm that my child _____ does not have any known illnesses that the school should be aware of and I will update the school if this changes.

Signed _____ Date _____

Please Print _____

Notes