



Medical Statement Form

**Med
SF**

Please complete and return this form if your child has been diagnosed with a medical condition or illness.
On reviewing this information the Academy may invite you to a meeting to draw up an Individual Healthcare Plan for your child.

Pupil details:			
Name of pupil:		Date of birth:	
Medical condition or illness:			
Date of diagnosis:		Diagnosed by:	
What are the main impacts on the pupil in school:			
GP/Consultant Name:		GP/Consultant contact details:	

Medicine:	
Has medication been prescribed for the condition/illness:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name of medication/s:	
If medication needs to be kept at the Academy or administered during the Academy day please complete and return the Parental Agreement for the Administration of Medicine Form (available on the website or from reception) *	

Emergency Procedures & contact:			
What is considered an emergency situation:			
What action must be taken:			
Name:		Relationship to child:	
Telephone number:		Mobile telephone number:	
Contact details:			
Name:		Relationship to child:	
Telephone number:		Mobile telephone number:	
Signed:		Date:	

**Please note: Academy staff are not allowed to administer medication without prior training*