SAINT MARY'S PRIMARY SCHOOL & NURSERY UNIT

Eco-School Green Flag Award 2017

Principal: Mr P Gilchrist

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Dear Parents/ Guardians,

Medical Records

In order for us to provide the best care for your child it is important that the school is fully informed of any medical conditions, or other considerations which your child may have. I would be grateful if you could complete the form overleaf and return to the school by Wednesday 5th September 2015.

Medication
In Northern Ireland schools are not permitted to administer medicines directly but are allowed to oversee the safe dispensation of prescribed medication in extreme circumstances. **If it becomes necessary for your child to take medicine during the school day you must complete a Medical Dispensing written permission form. These are available from the school office.** No medicine can be dispensed without the completion of this form.

Inhalers
If your child needs to use an inhaler, please indicate on the form overleaf when the inhaler is likely to be required and any known circumstances which are likely to cause an attack.

Epi-pen
If your child requires an Epi-pen, please ensure that the school is fully informed of risk situations which can cause a reaction.

Glasses
If your child requires glasses, please notify the school if these are for all day wear, just to see the whiteboard, if required just for the classroom environment or for any other situations.

In all cases it is vital that medication is sent into school in a clearly named and secure container which indicates when and how much is to be taken. It is the parent's responsibility to insure that inhalers, Epi-pens and medication, which are kept in school, are within the valid date range.

Should you wish to discuss any of these matters further, please do not hesitate to contact the school.

Yours sincerely

Mr Gilchrist
Principal

MEDICAL INFORMATION

Child's name _____Class _____

Date of Birth _____

Home phone number _____Emergency Number_____

Doctor's Name _____

Address _____

Phone number _____

My child has a medical condition or is undergoing tests Yes ☐ No ☐

Details _____

_____

Known allergies? Yes ☐ No ☐

Details _____

_____

Any other information? Yes ☐ No ☐

Details _____

_____

My child wears glasses Yes ☐ No ☐

All day Yes ☐ No ☐

For classroom use only Yes ☐ No ☐

Inhalers

My child uses this inhaler

☐ Before exercise

☐ Seasonally i.e _____

☐ Other (please explain) _____

☐ Not regularly but is required in the event of an emergency and should be brought on school trips.

Other Medication

Medical Condition _____

Medication name _____ Amount _____

Frequency _____

Parents Signature _____ Date _____