

Medical Admissions Form

Please fill in the following forms that are applicable to your child and return them to the school office.

Allergy and/or Intolerance Form



School: **HEACHAM JUNIOR SCHOOL**

Child's Name			
Date of birth			
Parent/Guardian's Full Name			
Telephone - home			
Telephone – mobile			
Email			
Year Group:			
Class teacher:			

Allergies:

An allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Please tick:

	Yes	No
Does your child have an allergy which has an Allergy Action Plan issued by a healthcare professional? <i>Please bring the Allergy Action Plan into school so we can take a copy.</i>		
Does your child use an EPI-Pen?		

In line with DfE statutory guidance, non-clinical Individual Healthcare Plans (IHPs) must be supported by an official Allergy Action Plan signed by a doctor or allergy nurse.

Do you have an official Allergy UK Action Plan for your child?

☐	Yes – Please attach a copy to this completed form.
☐	No – Please request a copy from your child's allergy clinician or GP urgently.

Please provide more detail about allergy if an Allergy Action Plan cannot be provided immediately to the school:

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Intolerance to foods, or an ingredient that the body is unable to digest, is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley and wheat.

	Yes	No
Does your child have an intolerance (eg. food, environmental, medication, coeliac)		

[illegible]

I consent to my child's photo, allergy details, and emergency plan being shared confidentially with key school personnel (class teachers, first aiders, catering team, and educational visit leads) to ensure safety.

Consent Given: ☐ YES ☐ NO *Signature of parent/guardian:* _____

Parent/Carer Signature: _____

Print Name: _____

Date: ____ / ____ / ____

Key points for parents to remember: This record is for our school. Remember to update us if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child's name and dosage details.

Medical Admissions Form

Please fill in the following forms that are applicable to your child and return them to the school office.

Asthma Form

School: **HEACHAM JUNIOR SCHOOL**



Child's Name			
Date of birth			
Parent/Guardian's Full Name			
Telephone - home			
Telephone – mobile			
Email			
Doctor (GP) Name			
Doctor (GP) Telephone			

Please tick those which apply:

My child has an Asthma Action Plan which has been issued by a healthcare professional. <i>Please bring this asthma action plan to school so we have a copy on file.</i>	
My child does NOT have an Asthma Action Plan.	

Inhaler Information:

Type of inhaler:	
Expiry date:	
Instructions for use given by the doctor (dose/ when taken):	
Does your child need help taking their asthma medications?	
Known triggers:	

My child has an inhaler which is:

kept in school	
brought into school when it is needed	
used solely at home	

Emergency Treatment:

In the event of a severe asthma attack I am happy for my child to receive up to 10-20 puffs of the reliever (usually Salbutamol) inhaler (school inhaler) via a spacer until they get further medical help. Yes/No

Signed by Parent/Guardian: Date:

Key points for parents to remember: This record is for our school. Remember to update us if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child's name and dosage details.