



INVESTOR IN PEOPLE



Saundersfoot Community Primary School

Frances Lane, Saundersfoot, Pembrokeshire. SA69 9HB Tel/Fax 812819

30/1/06



Dear Parents,

We would like to update our data on children's medical needs. Please could you take a few minutes to complete this form and return to your child's class teacher ASAP.

Please note, pupils who take inhalers should have them in school, clearly labelled. Juniors can keep their inhalers with them if they have been taught to self medicate.

Pupil name: _____ Class: _____

GP: _____

GP Tel.no. _____

Dentist: _____

Dentist tel. No. _____

Medical problem: _____

Medication required: _____

Do staff need to administer any medication? **YES/NO (circle)**

Permission forms signed for staff to administer? **YES/NO (circle)**

Allergies: _____

How does the allergy present itself? _____

Antihistamine/Epipen required? (please circle if required)

We have several staff qualified in first aid. In the event of accidents do you give permission for us to administer first aid? **YES/NO (circle)**

In the event that your child is ill/has accident we will endeavour to contact you. If we are unable to contact you, do you give your permission for us to (a) call doctor **YES/NO (circle)** (b) call dentist **YES/NO (circle)**

Any other information you feel the staff need to be aware of, please enter below.

Signed: _____ parent/guardian