



St. Paulinus Catholic Primary School

Inspiring all to live, learn and love in the light of Jesus.

(cf John 8:12)



CHILD'S MEDICAL DETAILS / UPDATE FORM

Child's Name: _____

Class: _____

Does your child suffer from any of the following serious medical conditions?

Please give **FULL** details of any **SERIOUS** medical conditions, allergies and food intolerances which may affect your child on a day-to-day basis:

Name of medical condition	Has this been diagnosed by a doctor?	What medication does your child receive for this condition?
<u>ASTHMA</u> No / Yes	No / Yes	Please request an Asthma Inhaler Consent Form from the office
<u>ANAPHYLAXIS</u> (severe allergic reaction) No / Yes NB: does not include hay fever or food intolerances	No / Yes	
<u>FOOD INTOLERANCE</u> No / Yes	No / Yes	
<u>EPILEPSY</u> No / Yes	No / Yes	
<u>DIABETES</u> No / Yes	No / Yes	
<u>ECZEMA or other skin complaint</u> No / Yes	No / Yes	
<u>Other SERIOUS Conditions</u> No / Yes (please list)	No / Yes	

NOTE: If you answer 'Yes' to any of these medical conditions you may be required to fill out another form with further details of symptoms and medication.

We may also need to draw up an **Individual Health Care Plan** for your child.



Signed / Print Name : _____

Relationship to Child : _____

Date : _____

'An outstanding school, which is deeply committed to the Catholic mission... this school inspires all within this faith community to live life to the full.' Ofsted 2017

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