

**ST. ANNE'S CATHOLIC PRIMARY SCHOOL, BUXTON
PUPIL MEDICAL FORM**

Name of Child:

If your child has one of the following medical problems, would you please tick the relevant box, complete the form and return it to school.

Medical Problem	/	Details
Asthma		
Diabetes		
Epilepsy		
Other problem (e.g. allergy)		

Medication issued by Doctor/Hospital:

Required treatment in school (if any), e.g. administering medicine, cream etc:

(Please note that if a member of the school staff is required to administer any medication on parents' behalf, a parental consent form will need to be completed. These are available from Mrs. Balfe at the school.)

Does your child have any problems with toileting? *(Please note that there are no facilities in school for cleaning and changing pupils.)*

Signed: (Parent/Guardian) **Date:**