



Broadway Junior School Pupils with Medical Needs Admission Information



Child's name

Date of birth

Child's address

Medical diagnosis or condition

Allergies

Family Contact Information

Name

Relationship to child

(home)

(mobile)

Phone no. (work)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

The above information is, to the best of my knowledge, accurate at the time of writing and I will inform the school immediately, if there are any changes.

Signature _____ Date _____