Medical Conditions and the taking of Medication in School
September 2025

Child's Full Name _____ **Class** _____

Does your child have a medical diagnosis of asthma? **YES / NO**   Severity: **MILD/MODERATE/SEVERE**

Is medication required? **YES / NO**   Does your child use their inhaler: **DAILY/WEEKLY/OCCASIONALLY**

Name and type of medication: _____

Dose to be given and when: _____

Does your child have any food allergies or dietary requirements?   **YES / NO**

1) Allergy/Dietary Requirement (give details): _____

Severity: **MILD/MODERATE/SEVERE**

Symptoms of reaction: _____   Is medication required? **YES / NO**

Name and type of medication: _____

Dose to be given and when: _____

2) Allergy/Dietary Requirement (give details): _____

Severity: **MILD/MODERATE/SEVERE**

Symptoms of reaction: _____   Is medication required? **YES / NO**

Name and type of medication: _____

Dose to be given and when: _____

If your child has a diagnosed nut allergy, are they able to eat products that may contain traces of nuts (e.g. chocolate, biscuits etc.) **YES / NO**

Does your child have any other non-food allergies (e.g. hayfever)? **YES / NO** Severity: **MILD/MODERATE/SEVERE**

Details: _____   Is medication required? **YES / NO**

Name and type of medication: _____

Dose to be given and when: _____

Does your child have any other medical conditions (e.g. eczema)? **YES / NO** Severity: **MILD/MODERATE/SEVERE**

Details: _____   Is medication required? **YES / NO**

Name and type of medication: _____

Dose to be given and when: _____

If your child has been diagnosed with asthma or has a severe allergy requiring an auto-injector, please also complete reverse.

Consent Form: Use of Emergency Salbutamol Inhaler
ONLY TO BE COMPLETED IF YOUR CHILD HAS A DIAGNOSIS OF ASTHMA.

Following Department for Health advice, school now keeps a **Salbutamol Inhaler** for **EMERGENCY USE.** This is **not** a 'spare' for routine use, but is available for those children in school who are registered as having been diagnosed with asthma and whose parents have given consent for it to be used in the event that:

- Their own inhaler was not available
- Their own inhaler was not working

I can confirm:

- My child has/will have a working, in-date inhaler, clearly labelled with their name, which they will keep at school.

In the unlikely event of my child displaying symptoms of a severe reaction in one of the above situations, I give consent for my child to use the emergency school Salbutamol Inhaler.

YES / NO (please circle as appropriate)

Child's Name _____   **Class**_____

Signed _____   **Date** _____

Consent Form: Use of Emergency Adrenaline Auto-Injector
ONLY TO BE COMPLETED IF YOUR CHILD HAS AN ALLERGY THAT REQUIRES AN ADRENALINE AUTO-INJECTOR

Following Department for Health advice, school now keeps an **Adrenaline Auto-Injector** for **EMERGENCY USE.** This is **not** a 'spare' for routine use, but is available for those children in school who are registered as having been diagnosed with a allergy that requires an Auto-Injector and whose parents have given consent for it to be used in the event that:

- Their own Adrenaline Auto-Injector was not available
- Their own Adrenaline Auto-Injector was not working

I can confirm:

- My child has/will have a working, in-date Adrenaline Auto-Injector, clearly labelled with their name, which they will bring with them to school every day/keep at school.

In the unlikely event of my child displaying symptoms of a severe reaction in one of the above situations, I give consent for my child to use the emergency school Adrenaline Auto-Injector

YES / NO (please circle as appropriate)

Child's Name _____   **Class**_____

Signed _____   **Date** _____