

It is very important for the safety and well-being of your child that our staff are aware of any medical condition(s) they may have. We would appreciate your help in this matter and all information will be treated in the strictest confidence.

**To ensure accuracy please:**

1. Complete this form on a word processor, print a copy and sign it
2. Please send a signed copy, for the attention of the Principal marked as confidential to:  
 Wotton House International School, Horton Rd, Gloucester, GL1 3PR

Name:	
Date of Birth:	
NHS Number (if known):	
Name of Doctor:	
Doctor's Telephone Number:	
Doctor's Address:	
Doctor's Postcode:	

Please indicate Yes or No below as appropriate. If YES, provide further details including current medication. Please indicate if you wish your child to be responsible for taking his/her own medicine, or if you would prefer adult supervision.

	No	Yes	Further details including medicine & dosage	Adult supervision	Self administered
Any recent injury or illness					
Asthma					
Does your child currently use an inhaler?					
Diabetes					
Epilepsy					
Hay fever					
Heart condition					
Any known allergy to medicine (eg penicillin)					

**Are any of the conditions you have answered yes to above not known to the child?**  
 (please give details):

**Is there any other condition not listed above that we should be aware of?**

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## Over the counter medicines

Indicate consent as appropriate:

To be given a plaster, if necessary	Yes / No
To have a hypo-allergenic plaster. I will send a named packet to School	Yes / No
To be given the following over the counter medicines if necessary:	
Paracetamol	Yes / No
Ibuprofen	Yes / No
Cough Syrup	Yes / No
Lozenge (Strepsil etc.)	Yes / No

**You will be notified of any treatments given.**

## Seeking Emergency Medical Treatment

Notwithstanding that I am my child's primary carer and responsible for their medical care, I give my consent to staff at Wotton House International School to seek emergency medical advice or treatment for my child \_\_\_\_\_ and/or take my child to the nearest Accident and Emergency Unit to be examined, treated or admitted as necessary, on the understanding that every attempt has been made to contact me or I have been informed and am on my way to the hospital. A member of staff from Wotton House International School will accompany my child and stay with them until my arrival. Even if Wotton House International School staff are involved in a medical situation concerning my child, the primary duty of care remains mine.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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