



ST. MARY'S CATHOLIC JUNIOR SCHOOL

Sydenham Road, Croydon, CR0 2EW
 Tel: 020 8688 4893 Fax: 020 8686 8061
 Acting Head of School: Mr. A. J. McDonald
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Pupil Medical Form

Child's Name:

Children with Asthma

For hygienic reasons, please make arrangements for any inhalers to be taken home for cleaning at regular intervals.

Medical Conditions	Please tick as applicable (✓) and specify	Prescribed Medication? Receiving Therapy? Please give full details
Eczema (Healthcare Plan required)		
Hayfever (Healthcare Plan required)		
Asthma (Healthcare Plan required)		
Allergy (Healthcare Plan required)		
Epilepsy (Healthcare Plan required)		
Dyspraxia (Healthcare Plan required)		
ADHD (Healthcare Plan required)		
Other		
Hearing		
Visual		
Speech and Language		

It is the parent's responsibility to ensure that two inhalers are in School at all times, one to be kept with the child and a spare to be provided to the School Office.

Children with Medication in School

Only prescribed medication can be administered in the School, and a 'Permission to Administer Medication Form' must be completed on your child's first day.

It is the parent's responsibility to ensure that all medication kept in School, has not expired. (Please refer to the School's Managing Medicines Policy for full details.)

Clinic or Hospital attending:

How regularly does your Child attend?

Any additional information which the School should know:

Parent's Signature: _____ Date notified to School: _____

Parent's Name: _____

For Office Use Only:

Other Needs	Further details
Autism (ASD)	
Behaviour Support	Contact name: Contact number: Dates of involvement:
Occupational Therapy	Contact name: Contact number: Dates of involvement:
Education/ Attendance Welfare Service	Contact name: Contact number: Dates of involvement:
Educational Psychologist	Contact name: Contact number: Dates of involvement:
Education Healthcare Plan	Contact name: Contact number: Last review date:
Is your child linked to any outside agency, if yes, please specify	Yes:

Entered in special educational needs file: Yes/ No Date: _____

Comments: _____