

KIMBOLTON SCHOOL MEDICAL FORM

Please complete this form as fully as possible, it will assist us to care for your son/daughter. This information will be entered on to your child's personal Medical Record which is accessible to all teaching staff. If there is anything that you wish only the Nursing Team to know then please indicate this on the form.

Please note that it is parents responsibility to inform the Nursing Team, in writing, of any changes to your child's medical condition.

Name

NHS Number

Date of Birth

Address

Postcode

Telephone Number

Emergency Telephone
Number

GP Name

GP Address

GP Postcode

GP Telephone Number

Has your son/daughter ever had any operations or serious injury?

Please give details below:

Does your son/daughter have any of the following conditions?

Yes/No	Details/Medication
Asthma (If yes, please complete attached Asthma form).	
Allergies (including food allergies/intolerances)	(EpiPen Yes/No)
Migraines	
Diabetes	
Epilepsy	
Hearing Problems	
Visual Defects	

Any other medical conditions that you feel the school should be aware of?

Has your son/daughter ever received support from any of the following?

Occupational Therapist

Yes/No

Hearing Impairment Service

Yes/No

Speech Therapist

Yes/No

Sight Impairment Service

Yes/No

Educational Psychologist

Yes/ No

If yes, please give details below or contact the Nursing Team to discuss further:

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Has your son/daughter ever experienced emotional issues (such as Depression, Anxiety, Self Harm, Eating Disorder)? If yes, please indicate in box below.

The Nursing Team will then call you to discuss this further before entering any of this information onto your child's medical record. Please indicate below if you would like this information to remain confidential within the Nursing Team only.

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Signed

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(Parent/Guardian)

Date

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School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

Doctor/nurse's name

Doctor/Nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

The Asthma UK Helpline - Here when you need us
0800 121 62 44 www.asthma.org.uk/helpline
9am–5pm, Monday–Friday

www.asthma.org.uk





AD 1600

Kimbolton School

CONSENT FORM:

Use of Emergency Salbutamol Inhaler

Child showing symptoms/having an asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print):

Child's name:

Form: