**Panaga School - 2016 Student Medical & Contact Details Update**

**Please complete this form and return to your child’s class teacher by Thursday 28/1/16**

It is important that we are aware of any medical issues that your child has, if they take medication and that all contact and emergency contact information is up to date. All information in this form is considered confidential. If you would like to speak further about your child’s medical needs please contact the Additional Needs Team Leader.

Jackie Campling (Additional Needs Leader Teraja) jackiecampling@panagaschool.net

Katy Docherty (Additional Needs Leader Rampayoh & Menderam) katydocherty@panagaschool.net

**Does your child have any Allergies (e.g. nuts, foods, dust, medicines etc)? Yes / No**

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| --- |
| If answering yes please describe: |

**Does your child require medication for this allergy (e.g. epi-pen)? Yes / No**

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| If answering yes please give details and provide a recent care plan from a Doctor (these areavailable from Panaga Health Centre if needed): |

**Does your child have any medical conditions (e.g. asthma, eczema, epilepsy)? Yes / No**

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| If answering yes, please describe: |

**Does your child take any regular medication? Yes / No**

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| If answering yes, please give details: |

It is always important that we can contact you in an emergency. Please provide contact details of 3 people we can contact in case of emergency:

|  |
| --- |
| Name: Relationship to child:Home number: Mobile number:Work number: |
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| Name: Relationship to child:Home number: Mobile number:Work number: |

Current home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any information from this form will only be shared with relevant staff.

This form has been completed by:

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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