



Medical Questionnaire

Student's Last Name:	Student's First Name:	Date of Birth:
.....

Does your child suffer from any of the following:	Yes	No
Asthma or Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Fits, fainting or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Any known allergies	<input type="checkbox"/>	<input type="checkbox"/>
Other illness or disability	<input type="checkbox"/>	<input type="checkbox"/>
Any recent contact with contagious diseases and infections	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of these questions is YES, please give further details:

Medical Treatment

Is your child receiving medical treatment of any kind from either your family Doctor or Hospital?

Yes No

Has your child been given specific medical advice to follow in emergencies?

Yes No

If the answer to either of these questions is YES, please give the details including dosage of any medicines/tablets:

Do you give consent for the school to contact your GP or Specialist nurse if required?

Yes No

Do you give permission for your child to be assisted by a trained first aider at school and/or on school trips?

Yes No

If your child has been provided with a treatment/care plan please provide the school with a copy.

Emergency Medical Treatment

I give consent for my child to receive emergency medical treatment which might include the use of anaesthetic and blood transfusions as considered necessary by the medical authorities present

Yes No

Signature of Parent/Carer:

Date:

Please note we can only keep medication in school that has been prescribed by a GP for your child with the exception of Paracetamol. All medication should be provided in its original packaging. If your child requires medication at school, please download a form from the school website to be completed and returned to the Student Office.



Emergency Asthma Treatment

Since October 2014 the Human Medicines (Amendment) (No2) regulations 2014 has allowed schools to buy and keep a Salbutamol inhaler for use in emergencies.

Emergency inhalers can **only** be used on students who have been diagnosed with asthma and have been prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Written parental consent to use an emergency Salbutamol inhaler must be gained by the school and kept on file before a communal emergency Salbutamol inhaler can be used. The emergency inhaler can be used if the students prescribed inhaler is not available (for example, because it is broken, or empty).

Schools keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

If your child has been diagnosed with asthma/prescribed an inhaler and you give consent for your child to receive Salbutamol Emergency Asthma Treatment, please complete the consent form below.

Please note we still require your child to keep a spare inhaler in the Student Office, the Emergency Asthma Treatment is not a substitute for their spare inhaler.

PARENTAL CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
OAKWOOD SCHOOL

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
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.
4. I confirm that my child will keep a spare inhaler in the Student Office.

Signed: _____

Date: _____

Name (print): _____ (Parent/Carer)

Student: _____

Tutor Group: _____

Emergency Contact Details:

Email: _____

Please note, you will be notified by email if your child has used the Emergency Salbutamol Inhaler