

**St John's School**

**Student Medical Information**

Dear Parents / Guardians

We are undertaking our annual review of Student Healthcare Plans to ensure we are effectively meeting individual healthcare needs. To aid this process, you are invited to complete the form below, should your child have a medical condition that the school must know about. Once completed I would be grateful if you could return the form no later than Friday 30<sup>th</sup> September to the school reception. Upon receipt and working alongside our School Nurse, we will ensure that a comprehensive Health Care Plan is in place and will share this with you in due course.

This form **only** needs to be completed if there is a medical condition affecting your child. You do not need to complete this form if you have already made the school aware of the medical condition through the admissions paperwork completed in August or September of this academic year.

Name of Student:			
Tutor:			
Emergency Contact Number:			
Does your child have any medical condition that we at SJS need to be aware of? <i>(please circle correct answer)</i>	YES	NO	
Does your child have any of the following medical conditions? <i>(please circle any that apply)</i>	ASTHMA	EPILEPSY	ALLERGIES
If you have answered YES or circled any of the above conditions please can you give some more details.			
Does your child have a Health Care Plan at St John's School or have they had a Health Care Plan in a previous school?	YES	NO	
Does your child have any other medical condition that SJS should be made aware of?			
Is there any other information that we need to know to be able to ensure that your child receives the best care at SJS?			
Signed:			
Names of Parent / Guardian:			
Date:			

Many thanks for your support.

Angela Dakin  
 Mobility Officer