

**ABBAY GRANGE CHURCH OF ENGLAND ACADEMY NEW STARTER MEDICAL INFORMATION**

Name of Student.....

D.O.B.....

**1. Name, address and telephone number of family doctor**

Name:	
Surgery Address:	
Telephone:	

**2. Please give details of any medical conditions for your child.**

**3. Please give details of any allergies for your child.**

**4. Please give details of current medical treatment** including medication. The Academy expects that normally parents will administer medication to their child. Any requests for medication to be administered must come from a parent or carer in writing on the Academy's Request to Administer Medication Form and each request will be considered on an individual basis.

**5. Please give details of any specific dietary requirements for your child.**

*I confirm that the information above is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform school of any changes. The Academy or its agents will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the Academy's negligence. I understand that the decision to provide emergency medical treatment rests with the medical authority.*

Signed..... (Parent/Carer)

Date.....

**PRIVACY NOTICE** - For information on how we collect, store and use personal data you provide; please refer to our 'Privacy Notice for Students' and 'Privacy Notice for Parents/Carers' available on our website at [www.abbeygrangeacademy.co.uk](http://www.abbeygrangeacademy.co.uk) or on request from the school office.