



Registration form Continued:

**Special Dietary Needs of the child**

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**Medical Details**

**Family Doctor:**

**Address of Surgery:**

**Telephone no:**

**Medical requirements (Allergies, illness or any matter you feel we should be notified about.**

**Permission to give emergency first aid    YES / NO**

**Do you give staff permission to apply plasters in the event of a small accident?                    YES / NO**

**Please note that in accordance with school policy, named staff will not give non-prescription medication.**

**IMPORTANT NOTE**

**If your Child does have medication in either the Breakfast/After School Club or school, separate medical forms for the club and the school will need to be completed.**



## WARDEN HILL SCHOOLS BREAKFAST/AFTER SCHOOL CLUB MEDICATION FORM

FOR THE ADMINISTRATION OF PRESCRIPTION DRUGS ONLY.

Child's Name	
Class	
Date of Birth	
Today's Date	

Name of medicine	
Prescribing Doctor	
Dosage	
When to be Given	
Length of Treatment	
Any Other instructions	
Telephone Number of parent/carer	

Tick appropriate box:

Medicine to be left in club	<input type="checkbox"/>	Medicine to be taken home daily	<input type="checkbox"/>
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*In Consideration for the Head teacher or the schools staff agreeing to give medication to my/our above named child during school club hours; I/we agree to indemnify the Head teacher, the school's staff and the Local Authority against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Head teacher, the school's staff or the Local Authority.*

Parental

Signature \_\_\_\_\_ Name \_\_\_\_\_

If more than one medicine is to be given, a separate form should be completed for each.

School use only

Date	Signature	Time Given

Date medicine returned to parent on completion of course \_\_\_\_\_