St Mary's Catholic College Gateshead
Student Medical Details Form

Please complete the section below, notifying us of any medication, medical conditions, e.g. Asthma, Epilepsy, Allergies (Anaphylaxis).
If your child has a **Medical Plan**, this must be provided to the College.

If your child is unwell and requests **Panadol**, parents/carers will be contacted directly for written consent. Consent is required on each occasion a student requests Panadol.

Student Name:	**Year Group:**
MEDICAL INFORMATION	
Action Plan attached ☐	

If your child is required to take prescribed medication during college hours, please contact student services to discuss. Students are **NOT** allowed to self-administer prescribed medication at the college. Please list details below:

To Be Completed by Parent/Carer

I request that my child (full name of student)

Be allowed to take medication at the college according to instruction from:
(Full name of prescribing doctor)

Address and phone number of prescribing doctor

--- Ph: ---

This medication has been prescribed for the following reason:

It is of CRITICAL importance that the above information is correct at all times. Should there be any change in any of the above information AT ANY TIME during the year, PLEASE NOTIFY THE COLLEGE.

Parent/Carer: ……..….. **Date:……**

Print Name: ……