

# Tolworth Girls' School & Sixth Form

Tala Close, Surbiton, Surrey KT6 7EY  
Headteacher: Siobhán Lowe  
BSc (Hons), AD Dip (Education), NPOH

Tel: 020 8397 3854  
Fax: 020 8974 2600  
info@tolworthgirlsschool.co.uk  
www.tolworthgirlsschool.co.uk



## MEDICAL INFORMATION FORM

IT IS IMPORTANT THAT WE ARE INFORMED OF ALL MEDICAL CONDITIONS. It is your responsibility to update the school in writing of any changes to health and also to bring in the required medication. Any prescribed medicine should be in its original packaging bearing the name of the patient and the dosage details. Please note if the medicine is out of date it will be disposed of. It is your responsibility to maintain in date medication for use in school. This information is kept securely and used responsibly within the requirements of the General Data Protection Regulations. This information will not be shared without your permission.

Student First Name:	Student Surname:
Date of Birth:	Tutor Group:

### Medical Conditions:

Does the student have any medical conditions which have impacted on her attendance or participation at school? (e.g. Asthma, Migraines, Epilepsy, Diabetes, Bladder problems, Heart problems etc.)	Yes / No
Details of Medical Conditions (i.e. Name of condition, symptoms, medication, etc.)	

### Administration of prescription medicines

Does the student have a medical condition which requires regular or occasional use of medication in school? If yes, please give details below:	Yes / No
Name and type of medicine:	
Expiry date:	
Dosage and method:	
Special precautions:	
Side effects:	
Self-administration:	

**Allergies**

Does the student have any allergies which have impacted on her attendance or participation at school? If yes, please give details below:			Yes / No
Allergic to:	What happens when they are having a reaction	Treatment advised by GP	Medication held in school including date of expiry

Parents are reminded that students may not carry pain killers in their school bags, however they should carry their own asthma pump and/or epipen.

Please tick the relevant box to indicate where a student will be carrying their own medication:

Asthma Pump	<input type="checkbox"/>
Epipen	<input type="checkbox"/>
Diabetic Pump	<input type="checkbox"/>

**Paracetamol**

The school may administer mild painkillers (Paracetamol) to students who are otherwise well enough to be in school. A record will be kept of all occasions where Paracetamol is given.

**Only** tick this box if you **do not** give consent for your daughter to be administered Paracetamol:

Parent/Carer Name: .....

Parent/Carer Signature: ..... Date: .....