

# St Mary's Catholic Primary School

Chapel Green

Crowborough

East Sussex

TN6 2LB

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Headteacher: Mrs Carol Scanlon

Deputy Headteacher: Mr Daniel Getty

## IMPORTANT – INFORMATION REQUIRED

Dear Parents

### Medical, Asthma and Allergies

To ensure our records are up to date, please could you fill in the form overleaf with regard to any medical information we need to be aware of. The information will be kept in the office and will be available for staff to consult when planning trips out of school or games lessons. It will also greatly assist the First Aid team in the event of any child suffering an asthma attack while at school.

**Please tick 'Nothing to Declare' even if your child does not have any allergies you are aware of and return this is to ensure we collect all information from all children.**

Should your child require any other prescribed medication i.e. Antibiotics etc. you will be required to send the medicine (*in original packaging and named please*) to the school office **and** complete an Administration of Medicines form, before any medication will be administered. This medicine will be signed in and out of the office.

Thank you

Mrs Carol Scanlon  
Headteacher

~ Pray ~ Learn ~ Love ~ Enjoy ~

**St Mary's School Asthma / Allergy Medical Information**



**Name of Child**.....

**Class**.....

NOTHING TO DECLARE  (Please tick and return – thank you)

My child suffers from \*occasional/mild/moderate/severe \*Asthma / Allergy triggered by:  
.....

My child has a Ventolin Inhaler:

I would like this kept in School Office (**Keystage 1**) \*Yes / No

I would like this kept in Classroom (**Keystage 2**) \*Yes / No

***\* Please delete as appropriate***

My child takes other medication on a regular basis that will need to be administered at school (Please complete a separate consent form for each medication – which are displayed in the reception area of the school)

Any other information we need to be made aware of.....  
.....  
.....

I hereby give authorisation for my child to receive this medication at school whenever necessary.

**Name of Parent / Guardian (PRINT)** .....

**Signed** ..... **Date** .....  
*Parent / Guardian*

**Emergency contact number** .....

**Please return to the School Office Promptly. Thank you.**