



12 August 2020

JR/HC/Medicalneeds2020/21

Dear Parent and Carers

STUDENT MEDICAL CONDITION FORMS

Please could we remind you that it is important we hold up to date and accurate records regarding any medical needs your child may have. We ask that you make sure that you update us regularly of any changes. As your Academy Nurse, I am your point of contact for all medical matters.

If your child has a medical need we should be aware of, please use the link below to access and complete the appropriate form. These forms are encrypted and sent securely back to me when submitted.

Emergency Rescue Medication / Diabetes

Please note, if your child has a care plan generated by either your Doctor or Virgin care for Diabetes, Anaphylaxis or Epilepsy you do not need to complete this form, unless there are additional medical needs that we need to be aware of.

If you would like the Academy Nurse to hold additional information regarding your child's medical condition, please complete the **Medical Individual Health Care Plan** as fully as possible detailing any possible modifications they may need through this link:

https://forms.office.com/Pages/ResponsePage.aspx?id=pL64IYeN6E6E77cZGYWgyhjYBZpD0spNkqOHxus8S_UMkiZRDkxUFJUMUNQTTNROUJJSjNOU0o0WWS4u.

If your child falls into the category of being Extremely Clinically Vulnerable or Clinically Vulnerable due to the Covid 19 pandemic, please complete the **Medical Individual Health Care Plan (Clinically Vulnerable / Consent to return to school) form** through this link:

https://forms.office.com/Pages/ResponsePage.aspx?id=pL64IYeN6E6E77cZGYWgyhjYBZpD0spNkqOHxus8S_UNzIFWDFUDRTMkiSQkiROFM0VINDSjl2UC4u.

Medication

Please complete the **Parental Agreement for School to Administer Analgesic (PAF1)** form to consent to the Academy nurse administering over the counter pain relieving medication:

https://forms.office.com/Pages/ResponsePage.aspx?id=pL64IYeN6E6E77cZGYWgyhjYBZpD0spNkqOHxus8S_UNUwzUk4wNIFNME9JTVpNUkxGVTE4RFV RMS4u.

If your child requires medication that is prescribed by a Doctor to be administered by the Academy Nurse please ask them to complete the following, **School to Administer Prescribed Medication (PAF2)** form:

https://forms.office.com/Pages/ResponsePage.aspx?id=pL64IYeN6E6E77cZGYWgyhjYBZpD0spNkqOHxus8S_UQ0lwVUJOQUQzTjEISEJUSFFZVTFWUjhCNy4u.

Asthma

If your young person has a diagnosis of Asthma and you would like the Academy Nurse to hold additional information regarding their condition, please read the Asthma policy (which can be found on the Website) and complete the **School Asthma Card**:

https://forms.office.com/Pages/ResponsePage.aspx?id=pL64lYeN6E6E77cZGYWgyhjYBZpD0spNkqOHxus8S_JUMzQ0MkVPSUElTEdBTENGSExBUIBKRFZJT4u.

If we do not receive your completed forms, it will be assumed that you do not wish the school to hold any additional medical information for your child. The completed forms are stored securely within the students' information system. If you require paper copies of any of these forms or would like to discuss further, please do not hesitate to contact me via email jrowberry@stjohns.excalibur.org.uk or telephone.

Yours faithfully

Jackie Rowberry

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