



Medical information

Name of Doctor/GP	
Surgery name and address	
Telephone number	

Please ensure that all necessary and relevant medical information is given. If any information should be treated as private and confidential, please speak directly to Kerrie Henton (Principal and Designated Safeguarding Lead)

Medical declaration

Does your son / daughter suffer from any conditions that we should be aware of?

Yes / No

Medical condition	
Medication required	
Dosage required	
Time / circumstance to be given	
Method of administration	
Side effects / precautions	



I give my consent for my son/daughter to self-administer the above medications. I will contact Stone Soup Academy if there are any medical issues or any changes to medication.

Name:.....

Signature:.....

Date:.....

Is your son/daughter allergic to any medication. Does he/she suffer with any allergies?

Yes/No

If yes, does your son/daughter need an Epipen?

Yes/No

In the unfortunate event of an anaphylactic shock - do you give consent for the Epipen to be used?

Yes/No

I agree to my son/daughter receiving emergency medical treatment, including anesthetic and blood transfusion, as considered necessary by the medical authorities present.

Yes/No

Please outline any dietary requirements: