



St. John with St. Augustine C. E. Primary School,
Maudsley Street, Accrington, BB5 6AD
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www.st-john-augustine.lancs.sch.uk

Medical Details

Please find below a revised medical sheet to be completed with as much information as possible. Can you also indicate if any medical equipment your child needs is kept in school or is brought into school as and when needed i.e. asthma inhaler etc.

Childs Name	
Year Group	
Medical Condition (i.e. asthma)	
Action Needed (i.e. self administer inhaler, how often, how many puffs etc.)	
Medical Equipment Kept In Class (please indicate)	
Any other information(i.e. food or pet allergies etc.?)	

(Please tick appropriate box below)

I give permission for a member of staff to administer required medicine as indicated above to my child. ☐

My child can self administer their required medicine as indicated above. ☐

Signed: Date:.....

Email: head@st-john-augustine.lancs.sch.uk

