



Principal: Ms L Stanton

**GOSBERTON  
HOUSE ACADEMY**



**UNIVERSITY OF  
LINCOLN**

Email: enquiries@gosberton-house.lincs.sch.uk

Essential Medical Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Home telephone number \_\_\_\_\_

Parent/Carer Emergency Contact details \_\_\_\_\_

**1. Medical Conditions and Difficulties**

Please indicate whether your child has:

Visual impairment	Diagnosed Asthma
Hearing impairment	Diagnosed Epileptic Seizures
Motor difficulties	Other medical conditions

**2. Special Dietary Requirements Yes/No If Yes Please give details**

\_\_\_\_\_

**3. Allergies and Intolerances Yes/No If Yes Please give details**

\_\_\_\_\_



11, Westhorpe Road, Gosberton, Spalding, Lincs PE11 4EW

Tel: 01775 840250 - Fax 01775 841017

The Lincolnshire Education Trust Limited trading as Gosberton House Academy

Registered Office: The Vice Chancellor's Office, University of Lincoln, Brayford Road, Lincoln LN6 7TS

VAT No. GB 119 4650 11

Company No. 07647805



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**4. Medication taken at home**

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Side effects are \_\_\_\_\_

**5. Medication during the school day.**

All medication **must** to be sent into school in the prescribed bottle or container. This needs to have the name of the medication dosage and your child's name clearly visible.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time \_\_\_\_\_

Frequency of administration:

Daily (as above) \_\_\_\_\_

Following the treatment plan signed by specialist \_\_\_\_\_

Occasionally as and when required \_\_\_\_\_

A signed treatment plan from the specialist has been sent to school  
Yes/No

Please Note: Parents are responsible for ensuring the medication is in date and it is disposed of safely when the medication becomes out of date.



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**6. Medication given for a short-term medical problem.**

- Only medication prescribed by a doctor can be administered.
- Medication must be labelled - Name of medication dosage and child's name.
- A signed letter asking for this medication to be administered should be sent into school.

In the event of the school, being concerned about the administration of the medication or about the well-being of your child you may be contacted by telephone to discuss these concerns.

**Sickness and diarrhoea**

In the event of your child having a bout of sickness or diarrhoea please, keep them off school for **48 hours after their last episode of illness.**

Signed \_\_\_\_\_

Date \_\_\_\_\_



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