



Pupil Onsite and Trip Medical Information Form

(for onsite and day trips only)

ST JOHN'S COLLEGE
CARDIFF

Pupil's Name _____

Date of Birth _____

Pupil's Form Class _____

Emergency contact 1:		
Name:	Relationship to pupil:	Phone number:
Address:		Postcode:
Emergency contact 2:		
Name:	Relationship to pupil:	Phone number:
Address:		Postcode:
Doctors Information:		
Name of Doctor:		Phone number:
Address:		Postcode:

Does your child suffer from any of the following medical conditions?

Medical Condition	Yes	No	What should we look out for? What should we do? e.g. medication, call parents
Asthma			
Allergies			
Anaphylaxis			
Diabetes			
Epilepsy			
Travel sickness			
Severe headaches/ migraines			
Other			

Additional information

Pupils may be administered the following medication with permission.

Please indicate the following treatment/medication that may be administered to your son/daughter. Authorised staff may give non-prescribed medication from the schools controlled stock with signed consent. Please circle as appropriate. Staff may refuse to administer medicine if they deem it is not the best course of action.

Medicine

Paracetamol solution (Aged 10 or below 250mg, Aged 10+ 500mg) Yes/No

Piriteze Syrup (Aged 6 - 12 up to 5mL/5 mg, Aged 12+ up to 10mL/10 mg of Cetirizine hydrochloride) Yes/No
(Allergy / hayfever relief) or Piriton Syrup (Aged 2-6 years 2.5mL/1mg of Chlorophenamine maleate)

Antiseptic wipes Yes/No

Plasters Yes/No

Sun protection lotion (spray) Yes/No

Antihistamine cream Yes/No

Parents or Guardians are encouraged to administer medication outside of school hours where possible, if necessary staff may aid in the administration of prescribed and non-prescribed medicines with signed consent. Please complete a Request to Administer Medication in School form under these circumstances.

Consent

I authorise members of staff to approve such medical treatments as deemed necessary in an emergency.

I undertake to inform the school in writing as soon as possible of any changes to the information provided above.

Parent/Guardian's Signature _____ Date _____

Privacy Statement -please visit our School website for a full copy of our Privacy Policy.

The pupil medical form will be processed by our internal administration team. The information collected will be processed, stored and treated as confidential personal information in respect of the General Data Protection Regulations (GDPR.)

The information collected will be used for the purposes of safeguarding pupils' welfare and providing appropriate pastoral (and where necessary, medical) care, and to take appropriate action in the event of an emergency, incident or accident, including by disclosing details of an individual's medical condition or other relevant information where it is in the individual's interests to do so: for example for medical advice, safeguarding, to caterers or organisers of school trips who need to be made aware of dietary or medical needs

Data captured in this form will be stored using the School's information management system (iSAMS). A copy of this form will be retained and made available to relevant staff to reference for medical queries relating to the pupil. Data will not be shared with any third party without prior consent (unless authorised to do so by law.)

Medical forms will be form part of the pupil's record and will be retained for the duration of the pupils' education at St John's College, and will be kept for no longer than necessary and then destroyed. This is usually for a period of from the child's date of birth +24 years, to allow for the consideration and resolution of any disputes or complaints.

The school will comply with the rights of individuals as outlined in the current GDPR. These can be found at the following website:
www.ico.org.uk

Any requests/ objections or complaints concerning data should be made in writing to the school's Data Protection Coordinator – Miss Nikki Thomas (HR Manager):- nthomas@stjohnscollegecardiff.com