

## Parent/Carer Consent for Medical Information Sharing

STUDENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### INFORMATION ON CONDITION AND ANY MEDICATION:

Where possible, please attach/enclose copies of any medical documentation.  
*(please continue overleaf as needed)*

I give consent for my child/young person's photograph and medical condition to be recorded in the Medical Alert Handbook, for the purposes of informing the school staff and School Nursing Service about their health needs.

I agree to the sharing of information, between the school and the School Nursing Service while my child attends St Mary's Catholic Primary School.

I agree to inform the school of changes in my child/young person's health condition and any changes in contact details.

I agree to supply the school with medication if prescribed for the child/young person, clearly labelled and in a suitable container.

I accept responsibility to ensure that medication held in school is within the expiry date at all times i.e. replace medications as required.

Signed: \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

*The Medical Alert Handbook will be updated throughout the year and renewed consent from parents/carers will be sought annually.*