



SOMERVALE
SCHOOL



Bath & North East Somerset
Clinical Commissioning Group

Medical Conditions

Please complete this form and return to the school if your child has an existing medical condition which may require them to receive medical treatment in school.

Student Full Name:		Date of Birth:	
Name of Condition:			
Does your child have a health care plan at primary school for medical needs? If yes, please enclose a copy. <i>NB: this is not the same as a EHCP</i>			Yes
			No
Describe the condition and give details of pupil's individual symptoms:			
Daily Care requirements (eg: before sport/at lunchtime):			
Describe what constitutes an emergency for the pupil, and the action to take if this occurs:			
Additional relevant information:			
Signed (Parent/Carer):		Date:	