

CANNOCK CHASE HIGH SCHOOL

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Date:

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My Ref: TW/PM

Your Ref:

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September 2018

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Dear Parent/Guardian

We are currently amending medical details for all students.

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If your child has an ongoing medical condition that we are aware of, please sign the reply slip below stating what the condition is. If you feel that your care plan is out dated, please contact your Director of Year to arrange a meeting to update this.

If your child has developed a condition that we are unaware of please contact Miss Muller on Reception.

If your child has been diagnosed with asthma and has been prescribed a Salbutamol inhaler, please return the reply slip below which gives your consent for school to administer if required.

If your child carries an epipen, in the unlikely event of your child not having access to their own epipen, we would ask that you give us your permission to administer one of the schools pens. All staff have recently been trained in administering the epipen.

Yours sincerely

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Mrs T White Assistant Headteacher

## Medical Reply Slip (September 2018) – Please return to your child's tutor

Student's name: .		DOB:	Tutor Group:	
Ongoing condition	ns that the school is alrea	ady aware of:		
inhaler. If their o	, , , , , ,		for them to receive their own o receive Salbutamol from an	*
	, , ,	pen, I consent for my chil en is unavailable, I consei	nt for my child to receive the	* k as appropriate
Inhaler used:				
Signed: (Parent/G	iuardian)		Date:	
Headteacher: Mr I Turnbull, BEd(Hons), NPQH A company limited by guarantee, registered in England and Wales, number 07727974. Hednesford Road, Cannock, Staffordshire WS11 1JT Tel: (01543) 502450 Fax: (01543) 577528 acebook.com/CCHSofficial Website: www.cannockchasehigh.com E-mail: <u>headteacher@cannockchase-high.staffs.sch.uk</u>				🗢 @CCHSofficial
INTEGRITY	TEAMWORK	RESPONSIBILITY	EXCELLENCE	RESILIENCE