

The Grove Academy

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Email: admin@thegroveacademy.org.uk

CEO: Mrs V Parsey

Executive Principal: Mr L Evans

Principal: Mr M Mohamed



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Dear Parents/Carers,

Please find overleaf a medical form for you to complete indicating any medical requirements your child may have.

This should include any asthma inhalers or epi-pens and when they are required and any other long term medication.

We also need to be informed of any genuine allergies your child may have and foods they are unable to eat. **(Please do not include likes and dislikes.)**

We would appreciate it if you could sign and return the form even if your child does not have any medical requirements in school.

If your child should need any medication in school such as hay fever medicine that needs to be kept in school long term, it must be in the original container as dispensed by the pharmacy. **If it is not prescribed by a doctor we will not accept it in school.**

We only administer antibiotics in school if the dose is **4x daily**. You need to bring the Medication to reception and complete and sign a medication form with details of the dosage.

All inhalers and epi-pens should come into school in their original boxes with the prescription label on. Please can you also ensure that you put your child's name on the inhaler and epi-pen itself to ensure it does not get lost.

Thank you for your co-operation.

Yours faithfully,

Mrs V Parsey
Chief Executive Officer

Mr L Evans
Executive Principal

Mr M Mohamed
Principal



Aspire Academies Trust
Bovingdon Primary Academy, Hammond Academy, The Grove Academy, Broadfield Academy, Bedmond Academy, Knutsford Primary Academy
CEO – Mrs. Vicky Parsey

Aspire Academies Trust, High Street, Bovingdon, HP3 0HL. A company limited by guarantee, registered in England and Wales number 08187216

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The Grove Academy

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Medical Form

Allergy Notes

Name of Child		Class
ALLERGY/ILLNESS	REACTION/SYMPTOMS	MEDICATION
Dietary/Religious requirements e.g. No pork.		

If your child has a food allergy, please tick the appropriate box below to state whether they are having a school meal or a home packed lunch:

SCHOOL MEAL

HOME PACKED LUNCH

VEGETARIAN

Asthma Inhalers / Epi-Pens / Longer Term Medication

Name of Child		Class
Prescribed Medication (attach additional information if necessary)		
Details of dose and timings Please indicate when inhalers are required (attach additional information if necessary)		

(Please note that all medication must be in the original container as dispensed by the pharmacy).

Any other medical notes we should be aware of (attach additional information if necessary):

We do use plasters in our school (**except where an allergy is stated above**) – please indicate below if you are happy for us to use plasters on your child.

I/We are happy for you to use plasters – YES/NO

Parent/Carer's signature: _____

Date: _____



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