



St. Mary's R.C. Primary School

Headteacher : J Travis Deputy Headteacher: J Haworth

Belgrave Street, Radcliffe, Manchester. M26 4DG

Tel: 0161 7234210 e-mail:stmarysradcliffe@bury.gov.uk www.stmarys-radcliffe.org.uk

Medical Information Sharing and Consent 2018- 2019 (General Data Protection Regulation GDPR)

Dear Parents

Following the requirements of the General Data Protection Regulation, we are writing to families about the use of medical information relating to their child.

The school requests information regarding your child's medical/ mental health conditions/ needs. This information is collated into a medical booklet and shared with all school staff to ensure that they are fully aware of your child's needs and can work to ensure that we minimize any difficulties they might have at school.

Your child's health is of the utmost importance to us as we recognise that any medical condition can have a detrimental effect on a child's learning.

In some cases, particularly when a child has an allergy, we display their photograph and relevant information, to ensure that we can keep all children safe. For example, the photographs will be displayed in the school kitchen, in a folder in all the first aid areas, and in the school office.

For some health issues we will request that a care plan, with more detailed information, is completed too. We will let you know if this is the case.

Please complete the attached form carefully, and with all relevant information. For example, please let us know if your child is asthmatic, suffers from hay fever or has any allergies to types of food or medication, suffers from eczema, has diabetes or epilepsy, wears glasses or has a hearing problem etc.

Please also include any mental health issues your child has such as anxiety, separation anxiety etc.

Your consent to hold and share this information will last as long as your child is a pupil at this school, or until you inform us that you want to change your consent. We will, however, request that you update this medical information annually to ensure it is up-to-date and relevant.

Please return the attached slip asap whether or not your child has a medical or mental health condition.

Kind regards,
Rebecca Gerrard
Assistant Head Teacher



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Name of child _____ Class _____

Medical/ Mental Health condition/s:-

.....
.....
.....

Wears glasses

☐

I consent to the school staff sharing information regarding my child's medical needs, to support the school pupil welfare procedures.

Yes

☐

No

☐

I consent to the school displaying photographs and medical information regarding my child's medical needs if necessary. E.g. allergies for kitchen staff.

Yes

☐

No

☐

I consent to the school including my child's name and medical information in a booklet to be shared with all staff in school.

Yes

☐

No

☐

Signed _____

Dated _____

Please return this form to your child's class teacher. Thank you for the time taken.