

# CHILD'S MEDICAL AND HEALTH INFORMATION



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child suffer from any medical condition? Eg: asthma, eczema, diabetes, fits (convulsions)

Please circle one: YES NO

If YES, please give details below including any medication taken:

Does your child have any allergies? Please circle one: YES NO

If YES, please give details below including any prescribed medication or course of action eg: epi-pen

Are there any other medical conditions/serious illnesses or accidents we should be made aware of?

Does your child take medication regularly at home?

Please circle one: YES NO

If YES, please give details below:

Does your child have any special physical or learning needs that require support in school?

If YES, please give details below:

Do you have any concerns about the following?

Eyesight  Hearing  Speech  Behaviour  Other

Doctor's Name Name of practice or medical centre Address and postcode  Telephone Number	
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**If there are changes in your child's medical condition, it is your responsibility to inform us immediately and to make sure that medication is in date. If the medication is not in date it is the school's right to send your child home.**

In the event of my child requiring emergency treatment and the school being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing on my child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_