



Medical Questionnaire 2014/2015

Please complete all sections of this questionnaire and return to school.

Pupil's name:		Class		Date of birth:	
<u>Address</u>					
Parent contact telephone number:					
Emergency contact number (if different to above)					
Name of Family Doctor:					
Phone number:		Address:			

1	Does your child have a long term medical condition eg diabetes, epilepsy?	Yes	No
2	Does your child have asthma?	Yes	No
	If so, do they have an inhaler to bring into school? (a spare inhaler must be left in school at all times)	Yes	No
3	When did your child last have a tetanus injection?		
4	Does your child suffer from any diagnosed allergies eg penicillin, other medication, peanuts?	Yes	No
5	Is your child at present under treatment for any medical conditions?	Yes	No
6	Has your child had any recent, significant infections? Illnesses? (in last 8 weeks)	Yes	No
7	Does your child have any specific dietary requirements eg lactose intolerance? (This information is important when children participate in food tasting activities etc)	Yes	No
8	Does your child suffer from hay fever?	Yes	No
9	Does your child need to wear glasses in school?	Yes	No
10	Is your child prone to travel sickness?	Yes	No
11	If you have answered yes to any question from 1 -10 please give details below		

14 Please state any regular, long term medication which is required by your child

Medication	Timing

15 Please give any other information not included overleaf which may be required

You could include other health problems such as glue ear, speech problems, hearing difficulties, behaviour problems and premature birth. If any of these do apply they are really useful for us to know.

In the event of an emergency, either on or off site, I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities present

I understand that it is my responsibility to inform the school as soon as possible of any changes to the information supplied

The return of this form is essential and must be completed annually

Name of Parent / Carer /Guardian: _____.

Signature of Parent / Carer /Guardian: _____.

Date: _____.