

MEDICAL INFORMATION 2016–2017



Please complete this questionnaire in order that we can update the medical records — please include all relevant information. If at any time there is a change in your child's medical information, please inform the Head of Year in writing as soon as possible.

Name of pupil	
Date of birth	Tutor set
Name and address of doctor	

1. Does your child have a specific medical condition? eg. Asthma, Hay Fever, Epilepsy, Arthritis etc	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state condition:		

Please note: Although we have the facility to store general medication (ie. Paracetamol, ibuprofen etc) we are unable to administer any medication to pupils.

2. Does your child need any medication or treatment?
If Yes, please ensure your child knows the correct dosage and are capable of taking their own medication.

We do recommend that with any medication taken on a regular basis, a spare supply is given to Student Services for use in case of emergencies — eg. Inhaler, EpiPen, Migraine treatment, etc. Your child will be responsible for administering this medication themselves.

3. Does your child have a recognised disability?
If Yes, please give details:

4. Is there any further information that you feel the School Nurse should be aware of with regard to your child?
If Yes, please give details:

Signature (Parent/Carer)	Date
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Please complete and return to the school office.
Thank you.