

The Warriner School Medical Information Form



Student Name:

Previous School:

MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Please therefore supply the following information about your child. This information will be available to relevant officers at the Local Authority, school staff and to the School Health Nurse.

Name of GP Practice: Telephone number:

Has your child had his/her pre-school booster? YES NO DON'T KNOW

Does your child suffer from:

Asthma yes/no

Epilepsy yes/no

Diabetes yes/no

Bowel or bladder conditions yes/no

Serious allergies yes/no

Any other medical conditions? yes/no

Does your child self-medicate (e.g Asthma inhaler) yes/no

Does your child carry medication for any medical condition yes/no

Does your child have any problems with:

Mobility yes/no

Behaviour yes/no

Hearing yes/no

Speech yes/no

Vision? yes/no

Wears glasses

If you have answered 'yes' to any of the above, please give details:

Does your child need regular medication on prescription? YES NO

Will your child need medication during school hours? YES NO

Does your child suffer from any condition which may affect his/her participation in PE/ sport /swimming/school trips? YES NO

If you have answered 'YES' to any of the above please give details:

Full disclosure of medical information is of paramount importance to secure the health and wellbeing of your child in school and to have appropriate trained staff prepared to support if required. If you would like an opportunity to discuss your child's health, please phone the school.

YOUR SIGNATURE:

Please sign and date this form below:

Signature:Name (in block capital).....

Relationship to Student: Date:.....