

HEALTH INFORMATION FORM

Head of School - Steve Hicks
Executive Head - Su Whelan

It is important for us to know of any health issues which may affect your child whilst they are in school. Please complete the following. This information will be treated confidentially.

Name of Child:	D.O.B
Child's Current School:	

Parent/Carer Contact Details:	
Full Name:	Contact Telephone No:

Does your child have a medical condition that needs to be managed DURING the school day?	Yes / No
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Does your child have any of the following:
Please read carefully and circle in EVERY box
Provide further details overleaf if the answer is 'Yes' to any of the questions

Either: A diagnosis of Asthma <i>IF YES, please complete attached Emergency Ventolin Consent Form & School Asthma Card</i>	Yes / No	Skin condition	Yes / No
Or: A Ventolin Inhaler prescribed for occasional use only - <i>IF YES, please complete attached Emergency Ventolin Consent Form</i>	Yes/No	Known allergy to medication	Yes / No
		Any other allergies	Yes / No
Heart condition	Yes / No	Mental health or wellbeing issues	Yes/No
Severe headaches Migraines <i>(circle as appropriate)</i>	Yes / No	Specific difficulty with any physical activity	Yes / No
Seizures Fainting Blackouts <i>(circle as appropriate)</i>	Yes / No	Special Education Needs <i>If information has been provided to the SEN Dept, only brief details are required</i>	Yes / No
Diabetes	Yes / No	Any other medical condition or disability	Yes / No
Eye condition	Yes / No	Is your child taking any medication prescribed by a Doctor?	Yes / No

Is your child taking any medication DURING the school day? <i>In all cases a Form A ' Parental school agreement for the administration of medicines in school' (see school website) will need to be completed and accompany any medication brought into school.</i>	Yes / No
Is your child under the care of a Hospital Consultant?	Yes / No
Has your child been given specific medical advice to follow in an emergency? IF YES, PLEASE PROVIDE DETAILS BELOW AND A COPY OF ANY HEALTH CARE / ACTION PLAN ISSUED BY A HEALTH PROFESSIONAL	Yes / No
Has your child missed school for any length of time (over a month) due to a medical condition?	Yes / No

Please check you have circled an answer in every box above

If the answer to any of the above is YES, please provide details below:
(Please attach an additional sheet if required)