

## HEALTH INFORMATION FORM

It is important for us to know of any health factors 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**

Asthma and/or has been prescribed a Ventolin Inhaler (circle as appropriate) <i>IF YES, please complete attached Emergency Ventolin Consent Form &amp; School Asthma Card</i>	Yes / No	Skin condition	Yes / No
Heart condition	Yes / No	Difficulty with physical activity	Yes / No
Severe headaches or migraines (circle as appropriate)	Yes / No	Known allergies to medication	Yes / No
Seizures, fainting or blackouts (circle as appropriate)	Yes / No	Any other allergies	Yes / No
Diabetes	Yes / No	Special Education Needs. If info provided elsewhere only brief details are required	Yes / No
Eye condition	Yes / No	Any other medical condition or disability	Yes / No
Is your child taking any medication prescribed by a Doctor?			Yes / No

Is your child taking any medication <b>DURING</b> the school day? <i>The attached medication administration Form A will need be completed and accompany any medication being 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? <b>IF YES, PLEASE PROVIDE DETAILS BELOW AND A COPY OF ANY HEALTH CARE / ACTION PLAN ISSUED BY A HEALTH PROFESSIONAL</b>	Yes / No
Has your child missed school for any length of time (over a month) due to a medical condition?	Yes / No

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