

PERSONAL MEDICAL INFORMATION

GENERAL INFORMATION

This form **MUST** be **FULLY COMPLETED** by Parents. Any questions which are not applicable should be marked **N/A**. **IT IS A PARENTS RESPONSIBILITY TO ENSURE THAT THE SCHOOL IS ADVISED OF ANY CHANGES TO THIS INFORMATION THROUGHOUT THE COURSE OF THE ACADEMIC YEAR.**

1. Child's Name _____

2. FAMILY DOCTOR (GP) _____ TELEPHONE _____

3. Address _____

4. Medical Card Number _____

(please obtain from your GP if you do not have this information to hand)

5. NAME OF ANY SIBLING/S IN SCHOOL _____

6. CLASS/ES _____

7. Please state if your child should wear glasses at school:

YES

NO

If yes, on what basis e.g. reading _____

8. Does your son/daughter suffer from any condition requiring regular treatment?

(eg allergies, diabetes, anaphylaxis) – (A SEPARATE FORM WILL NEED TO BE COMPLETED FOR ASTHMA)

YES

NO

If YES, please give brief description of condition:

If YES and the school administration of prescribed medication is required, it will be necessary for you to complete further documentation/speak with a member of school staff to ascertain correct procedures.

9. Is your son/daughter allergic or sensitive to penicillin or any other substance, which might be used in treatment or might be used as part of an educational activity eg food stuffs? YES NO

If YES, please give details

10. If your child has an allergy, does he/she have prescribed use of and antihistamine eg "Piriton" or similar and/or an auto-injector (eg 'Epipen')?

YES NO

If YES, please give details

11. Has your daughter/son been immunized against the following disease?

(If 'No' please seek medical advice)

TETANUS (LOCKJAW)

YES NO

Give date of Tetanus immunisation if known _____

12. Does your son/daughter suffer usually from travel sickness?

YES NO

13. Does your child have prescribed antihistamine and/or travel sickness tablets to be administered – please give details

YES NO

14. Does your son/daughter have any special dietary needs, e.g. vegetarian, allied to

religion, gluten free etc? If YES please give details below YES NO

15. Any other relevant information you wish staff to be aware of:

YES

NO

16. DECLARATION

In the event of an emergency:

I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I undertake to advise the Headteacher with the minimum of delay, any change in circumstances referred to on this form.

Signed: _____

PRINT name: _____

Relationship to child: _____

Date: ____/____/____

The information you provide on this form will be used to assist in maintaining the health and safety of your child whilst under the supervision of the Directorate/School. Personal and sensitive information will only be disclosed to others if the need arises, for example: GPs, dentists etc - It will not be used for any other purpose. Please see Pupil Privacy Notice published on school web site for further information.