

CONFIDENTIAL MEDICAL INFORMATION - SEPTEMBER 2021

The information that you provide on this form will remain confidential to the school. It will help the medical staff look after your child in the best way possible.

Name Class Date of Birth

Allergies such as – specific foods/penicillin/plasters etc.

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Skin rashes inc. eczema.

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Asthma.

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Vegetarian.

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Special dietary needs/requirements.

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Others inc.hayfever/constipation/eyesight/hearing/blackouts/diabeties etc.

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Immunisation – please indicate whether your child has had their immunisations and if they are up to date with these.

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Any other information relevant to the care of your child.

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IT IS IMPORTANT THAT WE ARE ADVISED IMMEDIATELY OF ANY CHANGES IN CIRCUMSTANCES, WHETHER THESE ARE IN THE SHORT OR LONG TERM. PLEASE NOTE THAT **ONLY MEDICINE THAT HAS BEEN PRESCRIBED BY A G.P. AND SUITABLY LABELLED FROM A PHARMACY WILL BE ADMINISTERED AT SCHOOL BY ANY MEDICAL STAFF **