



MEDICAL QUESTIONNAIRE

With the exception of residential trips, this form will only be sent out when children join the school and on changes of Key Stage. Please note, it is the responsibility of the parent/guardian to advise the school of any changes.

Pupil name:	
Parent/guardian name:	
Home address:	
Home telephone No:	
Mobile telephone No:	
Name & address of doctor:	
Telephone no:	

Has your child had any of the following?

Asthma or Bronchitis	Yes	No
Heart condition	Yes	No
Fits, fainting or blackouts	Yes	No
Severe headaches	Yes	No
Diabetes	Yes	No
Allergies to any known drugs or medication	Yes	No
Any other allergies, eg material, food, insect bites, plasters, etc.....	Yes	No
Other illness or disability	Yes	No
Any recent contact with contagious diseases and infections	Yes	No

Immunisation status and other medical information:

Has your child received vaccination against Tetanus in the last five years?	Yes	No
Is your child receiving medical treatment of any kind from either your family doctor or hospital?	Yes	No
Has your child been given specific medical advice to follow in emergencies?	Yes	No

If the answer to **any** of these questions is **YES** please give details on a separate sheet which should be firmly attached to this form.

SIGNED (Parent/Guardian):

Please print name:

Date: