

## Medical Information

Please complete this section to ensure that our Pupil Services Receptionist is aware of any relevant information regarding your child's health, medical or physical development, such as medication, physical impairment, asthma or epilepsy which may affect his or her wellbeing and performance during school.

**Emergency Consent?** e.g. the school has permission to give/arrange emergency treatment. Please tick box if you **do not** give consent.  NO

**Dietary Needs** Please tick any that apply

|                          |                              |                          |                              |
|--------------------------|------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Artificial colouring allergy | <input type="checkbox"/> | No nuts of any type/quantity |
| <input type="checkbox"/> | Gluten free                  | <input type="checkbox"/> | No pork                      |
| <input type="checkbox"/> | Halal                        | <input type="checkbox"/> | Seafood allergy              |
| <input type="checkbox"/> | Kosher foods only            | <input type="checkbox"/> | Vegetarian                   |
| <input type="checkbox"/> | No dairy produce             | <input type="checkbox"/> | Wheat                        |
| <input type="checkbox"/> | Other (please specify)       |                          |                              |

## Medical Practice

|                 |  |              |  |
|-----------------|--|--------------|--|
| Doctor's Name   |  | Surgery Name |  |
| Surgery Address |  |              |  |
| Telephone       |  |              |  |

Does your child have a Healthcare Plan?  YES  NO

(If yes, please attach a copy when returning form)

I give permission for my child to be given one paracetamol  YES  NO

I give permission for my child to be given one ibuprofen  YES  NO

I give permission for my child to be given antihistamine  YES  NO

Medical Needs e.g. asthma, diabetes

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Is there anything else (medical or otherwise) you think we should know about your child? e.g. Travel sickness, dietary requirements, activities can't participate in such as swimming?

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