

# Pupils Medical Information Sheet

Name ..... DOB ..... Form .....

## Section 1 - Medical complaints

If NO medical complaints or allergies - please tick NONE

<input type="checkbox"/>	None	<input type="checkbox"/>	Hayfever	<input type="checkbox"/>	IBS	<input type="checkbox"/>	Allergies - <b>NO</b> EpiPen
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Asthma *	<input type="checkbox"/>	Allergies - <b>WITH</b> EpiPen *
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Diabetes *	<input type="checkbox"/>	Other - specify below	<input type="checkbox"/>	Nut Allergy

\* Medical equipment must be carried at all times including school trips and games lessons

## Section 2 - Allergies

Please list all known allergies

## Section 3 - Medication

Please give details of any medication your child takes.

<input type="checkbox"/>	None	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Antihistamine	<input type="checkbox"/>	EpiPen	<input type="checkbox"/>	Other
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Name or type of medicine (1) .....

Name or type of medicine (2) .....

 Does your child need to take this medicine in school time? ☐ Yes ☐ No

If yes, at what time is the medication taken? .....

If your child needs to take essential medicines in school you will need to complete a 'Parental Agreement for School to Administer Medicine' form. This is available from the medical room or the school website [www.bassalegschool.com](http://www.bassalegschool.com)

## Section 4 - Additional medical notes

 Are there any other factors regarding your child's **health and wellbeing, that has an effect on their learning or ability to work** that we should be aware of, including difficulty with:

Mobility	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vision	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any of the these, or feel that there is anything else we should be aware of, please give details below:

Signature of Parent/Guardian .....

Date .....