

CLAIRES COURT PUPIL MEDICAL FORM

This form to be completed by parents/guardians, please complete both sides
This information will be treated in strict confidence although relevant information may be passed on to teaching or sports staff if appropriate.

Please complete the following in CAPITAL LETTERS:

Child Surname: _____

First Name: _____ DOB _____

Home Telephone No: _____

Parents Names: Mother _____ Father _____

Mobile phone No: Mother _____ Father _____

Work phone No: Mother _____ Father _____

Other emergency contact Name _____ Phone _____

Relationship to pupil: _____

Family Doctor/Practice: Name _____ Phone _____

Surgery Address: _____

MEDICAL HISTORY: Has your child suffered from, or do they still suffer from, any of the following? **Please provide details in the space below:**

ASTHMA (including exercise-induced)	YES	NO
DOES YOUR CHILD USE AN INHALER?	YES	NO
Please give details _____		
SERIOUS ALLERGY	YES	NO
Please give details _____		
DOES YOUR CHILD CARRY AN EPIPEN?	YES	NO
HAYFEVER	YES	NO
ECZEMA	YES	NO
FITS/CONVULSIONS	YES	NO
DIABETES	YES	NO
REGULAR HEADACHES / MIGRAINE	YES	NO
DEAFNESS / EAR PROBLEMS	YES	NO
VISUAL DIFFICULTIES / IMPAIRMENT	YES	NO
SPEECH DIFFICULTIES	YES	NO
COLOUR BLINDNESS	YES	NO
JOINT OR BONE PROBLEMS	YES	NO
REGULAR TUMMY PAIN / UPSET STOMACH	YES	NO
PSYCHOLOGICAL PROBLEMS	YES	NO
LEARNING PROBLEMS	YES	NO
Please give details: _____		

IMMUNISATIONS: Has your child been immunised against the following? Dates are most important. **Please ask your own doctor if you are unsure.**

MMR x 2	Dates:	Tetanus	Date:
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Please state number of days absent due to illness in the last 2 years _____

Has your child ever been seen by a CONSULTANT for a medical condition?

If yes, please give details of medication, operations and dates:

MEDICATION: Please note below **any** medications your child takes on a regular or occasional basis.

GENERAL ACTIVITIES: Are there any physical or psychological difficulties that may affect your child's ability to partake in the school's range of activities, eg. Games, swimming, outward bound, Duke of Edinburgh's Scheme?

If your child undergoes any medical treatment or a medical condition is diagnosed during his/her time at Claires Court please report it in writing to the School Nurse without delay.

The School Nurse may request some pupils to attend for a medical meeting if it is felt appropriate.

SIGNED _____ DATE _____

NAME IN CAPITALS _____

I consent to my child being given over the counter medication eg. Paracetamol

SIGNED _____ DATE _____

If an accident or emergency should occur to my child while in the care of School and I cannot be contacted, I hereby consent to the School acting in its duty of care.

SIGNED _____ DATE _____