



### **MEDICAL INFORMATION**

Could you please complete this form if your child has any medical conditions other than Asthma. You are most welcome to discuss your child's medical needs with the school nurse.

- Name:** .....
- Date of Birth:** .....
- Grade/Class:** .....
- Date:** .....

### **Medical Condition**

**Diagnosis** .....

**Signs & Symptoms**.....  
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**Has your child stayed in Hospital in the past?** Yes  No

**If yes, please provide details.**  
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**Does your child suffer from FOOD allergies?** Yes  No   
(eg. Nuts, eggs, milk, fish)

**If yes, please provide details.**  
..... mild  severe  
.....  
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Does your child suffer from other allergies? Yes  No   
(eg. Bees, mosquitoes, grasses, chemicals, "Elastoplast", "Band-aids")  
If yes, please provide details. mild  moderate  severe

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Has your child ever been diagnosed with any type of illness/ disease eg? Asthma, Epilepsy, TB, Heart disease etc.

If yes, please provide details.

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Does your child take regular medication? Yes  No   
(This includes eye drops, ear drops, injections, puffers & tablets.)  
If yes, please provide details or Dr's covering letter.

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You will be notified (or your emergency contact) if your child is ill.

Please ensure your phone numbers are current.

If you are unable to provide details, please ask your GP for a covering letter.

Parent/Guardian signature:-.....Date:.....