

**Pupil Health Information Form**

This form is used to help the school to understand the medical needs of your child whilst in school and is used to plan the provision of their care. This information will be kept securely with your child’s other records. If further information is needed we will contact you.

Please do not hesitate to contact the school if there are any issues you wish to discuss, or if you do not feel comfortable completing this form.

|  |  |
| --- | --- |
| **Child’s Name** | **D.O.B** |
| **Gender** | **Year Group** |

**Has your child been diagnosed with or are you concerned about any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Yes** | **No** | **Medication**  |
| **Asthma**(Please also complete an asthma information form available from the school) |  |  |  |
| **Allergies** |  |  |  |
| **Epilepsy** |  |  |  |
| **Diabetes** |  |  |  |

**Is your child taking regular medication for any condition other than those listed on the previous page?**

|  |  |
| --- | --- |
| **Condition** | **Medication, emergency requirements** |
|  |  |

**Please use the space below to tell us about any other concerns you have regarding your child’s health:**

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| --- |
|  |

**Thank you**