

CONFIDENTIAL MEDICAL QUESTIONNAIRE

ALLERGY

Does your child have any known allergies? YES / NO

If YES, please give details including symptoms experienced and treatment required.

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DIET

Does your child require a special diet for medical or religious reasons? YES / NO

If YES, please give details of the diet required below.

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HEARING

Date of last hearing test:

Does your child have any problems with hearing? YES / NO

If YES, please give details:

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VISION

Date of last eye sight test:

Does your child wear reading glasses? YES / NO

Does your child wear contact lenses? YES / NO

Is s/he color blind? YES / NO

FAMILY HISTORY

Is there any history of physical or mental illness in the family which might affect the student's health? YES / NO

If YES, please give details:

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Is there any other feature of your child's physical or mental health which you feel the School Doctor should be aware of, or which you would like to discuss with the Doctor?

YES / NO

If YES, please give details:

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This document will be stored confidentially by the School Doctor.

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SPORT & ACTIVITIES

Is there any reason why your child should not take part in all the normal school sport and activities? YES / NO

If YES, please include details:

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MEDICATION

Is your child currently taking any medication YES / NO

If YES, please give details, including dosage:

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Does your child require particular medication to take in an emergency?

e.g. Epi-pen YES / NO

If YES, please give details:

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CONSENT

I give my permission to the School Doctor or other qualified personnel to administer routine first aid and non-prescription, over the counter medicines to my child when necessary, e.g. paracetamol, sticking plaster, antacid.

Parent's Signature: **Date:**

Certain medical conditions may require information to be given to selected members of staff. Please give your consent below:

I consent to essential medical information being given to selected staff.

Parent's Signature: **Date:**

I agree to the School Doctor or other qualified personnel to approve medical treatment for my child as is deemed necessary in an emergency.

Parent's Signature: **Date:**

I undertake to supply the school with any necessary prescription medication which my child may require and to keep the school updated with any changes in my child's condition.

Parent's Signature: **Date:**

Reviewed: 15 October 2007

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