



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.

Childs 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 Please include any reactions to medications			
Epilepsy			
Diabetes			

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

Condition	Medication, emergency requirements

Parent/Carer signature.....

Date.....

Thank you