|  |  |
| --- | --- |
| **Child’s full name:** |  |
| **Class:** |  |
| Address: |  |
| Emergency Contact Name: |  |
| Relationship: |  |
| Emergency Telephone No: |  |

**Does your child have any current medical conditions?** (Please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Conditions** | **✓**please tick | **Sensory & Physical Conditions** | **✓**please tick |
| Epilepsy |  | Hearing Loss or Difficulty |  |
| Diabetes |  | Grommets |  |
| Asthma |  | Registered Blind |  |
| Eczema |  | Partially Sighted |  |
| Arthritis |  |  |  |
| Multiple Sclerosis |  |  |  |
| ADHD |  |  |  |
| ADD |  |  |  |
| PDA |  |  |  |
| Coeliac Disease |  |  |  |
| Other (please specify) |  | Other (please specify) |  |

**Asthma:**

|  |  |  |  |
| --- | --- | --- | --- |
| My child has asthma: |  | My child does **NOT** have asthma: |  |

|  |  |
| --- | --- |
| Does your child need an inhaler in school? | Yes / No |
| If Yes, Is your child able to self administer his/her inhaler? | Yes / No |
| Does your child use a volumiser? | Yes / No |

**Allergies:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Food** | **✓**please tick | **Others** | **✓**please tick |
| Nuts |  | Plasters |  |
| Dairy |  | Antiseptic Wipes |  |
| Seafood |  | Bee/Wasp Stings |  |
|  |  | Latex |  |
| Other (please specify) |  | Other (please specify) |  |

|  |  |
| --- | --- |
| Does your child have an Epipen for any of the above? | Yes / No |
| If Yes, please give details: (If yes, please ensure there are epipens in school and are in date) | |

|  |
| --- |
| Please use this space to inform us of any other medical information you feel may be relevant but are not covered in this form: |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | Print Name: |  | Date: |  |