

PUPIL MEDICAL INFORMATION

Academic Year 2023 – 2024

In the event your child becomes unwell at school, bumps their head, or suffers any other injury, your child will receive First Aid treatment from qualified First Aiders at school. By signing this form, you consent to your child receiving First Aid treatment. If you do not wish your child to receive First Aid treatment, please speak to the Welfare Officer.

Child's Full Name: _____ **Class:** _____

Does your child have any medical conditions? Yes No

If yes, please provide details:

<i>Name of medical condition</i>	<i>Is there any medication required?</i>	<i>Name of medicine given</i>
1.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Does your child have any allergies? Yes No

If yes, please provide details:

<i>Name of Allergy</i>	<i>Is there any medication required?</i>	<i>Name of medicine given</i>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

NHS Number: _____

GP's Details (Name & Address)

Dentist's Details (Name & Address)

Doctor's Phone Number: _____

Dentist's Phone Number: _____

Parent/Carer signed: _____ Date: _____