

ST MARY'S C E PRIMARY SCHOOL, OXTED
MEDICAL QUESTIONNAIRE

PUPIL'S NAME _____

CLASS _____ DATE OF BIRTH _____

PARENT'S NAME _____

HOME ADDRESS _____

Tel daytime _____ Tel night _____ mobile _____

NAME AND ADDRESS OF FAMILY DOCTOR _____

_____ Tel No. _____

Do we have permission to give your child Calpol YES NO

Medical needs

Please indicate if any of the following apply to your child:

Asthma or Bronchitis YES NO

Heart Condition YES NO

Fits, fainting or blackouts YES NO

Severe Headaches YES NO

Diabetes YES NO

Allergies to any known drugs or medication (please specify below) YES NO

Any other allergies, e.g. material, food, insect bites, etc YES NO

Other illness or disability YES NO

Sleepwalking YES NO

Bed Wetting YES NO

If the answer to any of these questions is YES, please give details on the back of this sheet.

Immunisation Status

Is your child's Tetanus booster up to date? NHS recommendations are 3 boosters in the first year of life, a 4th booster at 3years 4months (and a final one at 14years old.) YES NO

Medical treatment

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital? YES NO

Has your child been given specific medical advice to follow in emergencies? YES NO

If the answer to either of these questions is YES please give details on the back of this sheet (including dosage of any medicines/tablets)

Please give details of any special dietary requirements below: