



MEDICAL/ALLERGY QUESTIONNAIRE

Please complete the questionnaire below and return it to school

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child’s health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child’s health with the School Nursing service or another health professional who is involved in your child’s care.

Name of child Date of Birth

Home Address.....

Q1. Does your child have a medical condition/, allergy or health concern?

YES NO

If YES please give details

If you answered yes to question 1, does this need to be managed during the school day?

YES NO

If YES please give details

If you answered yes to question 1, does your child take medication during the school day, or need medication in school (in case of emergency)?

YES NO

If YES please give details

If you have answered yes, your child may require an Individual Healthcare Plan. We will contact you to complete this collaboratively.

In order to safeguard your child this information may be displayed around school with your child’s photograph.

Please complete and return this questionnaire to school even if you have answered “No”