



# Pupils Medical Information Sheet

Name ..... DOB .....

Form .....

## Section 1 - Medical complaints

If NO medical complaints or allergies - please tick NONE

<input type="checkbox"/>	None	<input type="checkbox"/>	Hayfever	<input type="checkbox"/>	IBS	<input type="checkbox"/>	Allergies - <b>NO</b> Epipen
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Asthma *	<input type="checkbox"/>	Allergies - <b>WITH</b> EpiPen *
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Diabetes *	<input type="checkbox"/>	Other - specify below	<input type="checkbox"/>	Nut Allergy

\* Medical equipment must be carried at all times including school trips and games lessons

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## Section 2 - Allergies

Please list all known allergies

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## Section 3 - Medication

Please give details of any medication your child takes.

<input type="checkbox"/>	None	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Antihistamine	<input type="checkbox"/>	Epipen	<input type="checkbox"/>	Other
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Name or type of medicine (1) .....

Name or type of medicine (2) .....

Does your child need to take this medicine in school time?  Yes  No

If yes, at what time is the medication taken? .....

**If your child needs to take essential medicines in school you will need to complete a 'Parental Agreement for School to Administer Medicine' form. This is available from the medical room or the school website [www.bassalegschool.com](http://www.bassalegschool.com)**

## Section 4 - Additional medical notes

Are there any other factors regarding your child's **health and wellbeing, that has an effect on their learning or ability to work** that we should be aware of, including difficulty with:

Mobility	-	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Vision	-	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing	-	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have answered yes to any of the these, or feel that there is anything else we should be aware of, please give details below:

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Signature of Parent/Guardian .....

Date .....