

MEDICAL INFORMATION

Child's Name:..... **Class:**.....

Please tick all that apply. Sign and return to your child's teacher, even if you have not ticked any sections, Before medicine can be administered, a medicine form must be completed at the office. Thank you for your help.

Allergies

Food

- Nut – does the child carry an epipen
Is the child aware of the need to check all foods / not accept food?
- Orange squash
- Chocolate
- Dairy products
- Wheat products
- Other (please provide details)

Non food

- Stitching material
- Pollen etc resulting in hayfever
- Any other allergy (please provide details)
- Has eczema

Physical needs

- Has physiotherapy
- Needs to stay in during cold weather (please provide medical evidence)

Asthma

- Has had, but is not currently a problem
- Has – needs an inhaler (please provide one for school use and complete an asthma card if you have not already done so – see Mrs Mowle in the office)
- Has-uses inhaler only at home (preventor type inhaler only)
- Has-does not need an inhaler

Bladder problems

- Needs to go to the toilet regularly due to medical condition (please provide medical evidence)
- Will need to leave class regularly in the middle of lesson

Cleft palate

- Has been successfully operated
- Is awaiting operation (please provide details of special diet)

Diabetes

- Has medication
- Can manage own treatment

Eyesight

- Always should wear glasses
- Needs glasses for reading / close work
- Needs glasses for watching TV / whiteboard
- Is colour blind – specify colour difficulties

Hearing difficulties

- Wears aid
- Has grommets
- Hearing fluctuates
- Hearing loss in one ear (please specify which ear)

Heart problem

- Please provide detailed information

Medication

- Taken regularly for: (please specify)

Motor difficulties

- Has regular input from an Occupational therapist
- Has regular input from a Physiotherapist
- Has difficulties with gross motor skills (e.g. catching a ball)
- Has difficulties with fine motor skills (e.g. handwriting)

Other

SIGNATURE PARENT/CARER:.....

DATE:.....