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LITTLE HARROWDEN Community Primary School



Medical Questionnaire

PLEASE COMPLETE THE BELOW FORM AND RETURN TO SCHOOL

It is vital that all children with medical conditions are supported to make sure they are able to access their education effectively. Please complete the below questionnaire 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 within school, we may need to discuss your child's health with the School Nursing team or another health professional who is involved in your child's care.

Name of Child..... Date of Birth.....

Home Address.....

.....

Does your child have a medical condition or health concern?

Yes No

If yes, please give details below:

Date of diagnosis (approx.):

Does your child have any allergies?

Yes No

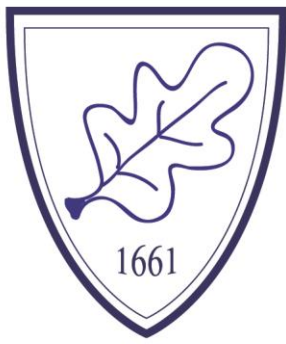
If yes, please give details below:

Does your child have a medical condition or health concern that needs to be managed during the school day?

Yes No

If yes, please give details below:





Does your child have medication to take during the school day which needs to be kept on school premises?

Yes No

If yes, please give details below (you will also need to complete a separate medical consent form - please ask at the main office):

Does your child have a health care plan that should be followed in a medical emergency?

Yes No

If yes, please give details below (and attach a copy if available):

Please list any dietary requirements here:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing team or other health professionals who are involved in my child's care.

Signature.....

Print Name.....

Date.....