Sir Henry Fermor CofE Primary School

TENAX SCHOOLS TRUST

SCHOOL MEDICAL FORM

Please complete this form and return to school as soon as possible.
The information on this form will be held in confidence.

Child's Full Name: .....

Child's Date of Birth: .....Class: .....

Name and all Telephone numbers of adult(s) to be contacted in an emergency:
1st..... .....

2nd.....

Doctor's Surgery Name and Telephone Number: ……..
....

Please indicate Yes or No to all questions below:

	Yes	No	Medication Required
Allergies (food/drug etc.)			
Asthma			
Eyesight issues			
Eczema			
Epilepsy			
Hayfever			
Hearing issues			
Heart complaints			
Diabetes			
Diagnosed Mental Health Issues			
Migraine/Headaches			
Nosebleeds			
Sensitive to plasters			
Receiving any medical treatment at present			
Any other medical information school should be aware of			

If YES answered to any of the above, please provide full details below: (please use overleaf if needed)

……

……

DO NOT WRITE BELOW THIS LINE

Date Form Received: Records Updated: