



HILLSIDE FIRST SCHOOL

Hillside Road, Verwood, Dorset, BH31 7HE
T. 01202 822737 E. office@hillsidefirst.dorset.sch.uk
Headteacher: Mr Jeremy Harrison
Deputy Headteacher: Mrs Karen Pain

MEDICAL INFORMATION FORM

The information below is required in order to ensure that the school has all the relevant medical data for your child. This is kept in a separate file to your child's details and therefore all sections of this form should be completed:

Child's Name _____ Date of Birth _____

Address: _____

_____ Postcode _____

Doctors Surgery _____ Tel. No. _____

Surgery Address _____

_____ Postcode _____

Child's NHS No. _____

My child (to the best of my knowledge) has no medical condition, allergy or other concern to report

Has your child had any of the following?

			If YES, please give details here.
Asthma or Bronchitis*	YES*	NO	
Does your child have an inhaler in school?*	YES	NO	
Heart Condition	YES	NO	
Allergies to any known drugs/medication	YES	NO	
Allergies e.g. food, insect bites, plasters, material	YES	NO	
Fits, fainting or blackouts	YES	NO	
Severe Headaches	YES	NO	
Diabetes	YES	NO	
Travel Sickness	YES	NO	
Eczema	YES	NO	
Has your child received vaccination against Tetanus in the last 10 years?	YES	NO	
Is your child receiving medical treatment of any kind from the Doctor / Hospital?	YES	NO	
Has your child been given specific medical advice to follow in emergencies?	YES	NO	

* Please complete an asthma form available from the school office if your child needs an inhaler at school.

MEDICATION

My child takes the following medication: *(please continue on a separate sheet if needed and attach)*

Name of medication	Dosage	Times taken/frequency	Comments

SIGHT

Does he/she have a known visual problem?	YES	NO			
Does he/she wear glasses?	YES	NO			

HEARING

Does he/she have intermittent ear problems?	YES	NO			
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FOOD TASTING

On occasions, the children take part in preparing and tasting food in the classroom to support the curriculum so it is important that we know of any food allergies. Please complete the consent for your child to take part in this and also to let us know of any food allergies. It is essential to inform the school office if you become aware of any allergies in the future even if they do not have any now.

DIETARY AND HEALTH ISSUES

Please let us know of any **dietary restrictions or food allergies** your child may have (e.g. food not allowed for religious or other reasons).

Please let us know of any other known **allergies** that your child has.

Other details about the condition / treatment or phobias the school should be aware of:

I give permission for my child to eat/taste a variety of food. I will keep the school informed of any changes and report new medical details/concerns etc.

Signed: _____ (Parent/Carer) Date: _____