

ALEXANDRA PRIMARY SCHOOL



Dear Parents,

It is school policy that you notify us of your child's health problems. With the increase of asthma, allergies etc, it is vital that the relevant staff are aware of your child's needs so that appropriate action can be taken.

If you answer yes to any questions you may be invited to come in and talk to a member of the welfare staff so that we have accurate and up to date information regarding your child's needs.

Please include any copy/copies of any medical evidence with this form.

All information will be treated as strictly confidential. Thank you for your help.

Yours sincerely,

J Norton
Headteacher

**Alexandra Primary School, Medical Questionnaire
CONFIDENTIAL**

Child's Name:

Class:

Date of Birth:

Does your child have any medical conditions that require regular medication/medical check-ups?

Yes No

Is your child prone to having frequent episodes of fainting/blackouts/fits (convulsions)?

Yes No

Is your child allergic to anything? Medication (penicillin) /bee stings/plants/animals/ food (dairy/nut/egg) etc?

Yes No

Are there any other previous or current conditions that the welfare staff should be aware of?

asthma/eczema/serious injury/accident/operations, etc.

Yes No

If the answer is "yes" to any of the above, please give details, including any medications prescribed.

Signed _____ Date _____

Relationship to child _____