

HEALTH INFORMATION FORM

It is important for us to know of any health issues which may affect your child whilst they are in school. Please complete the following. This information will be treated confidentially.

Name of Child:	D.O.B
Child's Current School:	

Parent/Carer Contact Details:	
Full Name:	Contact Telephone No:

Does your child have a medical condition that needs to be managed DURING the school day?	Yes / No
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Does your child have any of the following:
Please read carefully and circle in EVERY box
Provide further details overleaf if the answer is 'Yes' to any of the questions

A diagnosis of Asthma	Yes / No	Skin condition	Yes / No
OR			
Has been prescribed a Ventolin inhaler for occasional use but does not have Asthma	Yes / No	Known allergy to medication	Yes / No
<i>IF YES to either of the above, please complete the School Asthma Card. Link to the form can be found on the Year 6 transition page on our Thornden School Website</i>			
Heart condition	Yes / No	Any other allergies	Yes / No
Severe headaches, or Migraines <i>(circle as appropriate)</i>	Yes / No	A prescribed Adrenaline auto-injector (Jext or EpiPen)	Yes / No

Diabetes	Yes / No	Specific difficulty with any physical activity	Yes / No
Seizures Epilepsy Frequent fainting episodes Blackouts <i>(circle as appropriate)</i>	Yes / No	Special Education Needs <i>If information has been provided to the SEN Dept, only brief details are required</i>	Yes / No
Eye condition <i>(other than wearing glasses for short or long sightedness)</i>	Yes / No	Any other medical condition or disability	Yes / No
Mental health or wellbeing issues	Yes / No	Is your child taking any medication prescribed by a Doctor?	Yes / No

Is your child taking any medication DURING the school day? In all cases a Form A 'Parental School Agreement for the Administration of Medicines in School' should be completed and accompany any medication including Jext or EpiPen brought into school. <i>Link to the form can be found on the Year 6 transition page on our Thornden School website</i>	Yes / No
Is your child under the care of a Hospital Consultant?	Yes / No
Has your child been given specific medical advice to follow in an emergency? IF YES, PLEASE PROVIDE DETAILS BELOW AND A COPY OF ANY HEALTH CARE / ACTION PLAN ISSUED BY A HEALTH PROFESSIONAL	Yes / No
Has your child missed school for any length of time (over a month) due to a medical condition?	Yes / No

Please check you have circled an answer in every box above

If the answer to any of the above is YES, please provide details below:
(Please attach an additional sheet if required)