

## Confidential Medical Questionnaire

Name of Student:					
Date of Birth:			Tutor Group		
Has the participant had any of the following?					
Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies e.g.: material, food, plaster	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No
If the answer to any of these question is yes, please give details (PTO if necessary):					
If it is considered necessary, do you agree to mild pain killers (e.g.: Paracetamol) being administered? <b>(Residential Trips)</b>				Yes	No
Has the participant received vaccination against Tetanus in the last 10 years?				Yes	No
Is the participant receiving medical or surgical treatment of any kind from either your family doctor or hospital?				Yes	No
Has the participant been given specific medical advice to follow in emergencies?				Yes	No
If the answer to either of the last two questions is Yes, please give details here including dosage of any medicines/tablets:					
If your child is on regular medication or an Epi pen carrier/diabetic and their medication needs to be held in school, a form giving parental permission needs to be filled out and signed. (Please collect from the General Office). Any change to a student's health needs to be amended on the students records.					
<b>Further Details</b>					
I do/not give permission for my son/daughter to photo/video images taken for display or further educational learning (please delete)					
Signature:				Date:	
Parent					

**Please note: The school does NOT hold medication such as Paracetamol, Inhalers, creams etc for General use**