

HEALTH QUESTIONNAIRE

Student Name:

Student Medical and Dietary Information:

Emergency Medical Consent: (please tick)

(this confirms your agreement for the school to initiate appropriate medical treatment in the event of an emergency either on site or during any off-site activity)

Management of Asthma: (please tick)

(this confirms your agreement for the school to administer emergency asthma medication (eg Salbutamol) in the event of an asthma attack either on site or during any off-site activity)

Management of Allergy: (please tick)

(this confirms your agreement for the school to administer emergency medication (eg EpiPen) in the event of a severe allergic reaction either on site or during any off-site activity)

Doctor's Name: Medical Practice:

Practice Address:

Telephone:

Allergies: *(tick all those that apply)*

Peanuts		Nuts		Milk		Celery		Crustacean	
Gluten		Sesame		Fish		Soya		Sulphites	
Egg		Lupin		Mustard		Mollusc			
Other: (Please give details)									

Dietary Needs:(please tick)

Kosher food only		Halal food only				
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Medical Conditions/Information: Please include details of any other medical conditions or health concerns e.g. asthma, diabetes, epilepsy and medications regularly taken. If your child needs to keep medication in school a further form will need completing. (If you require more space please give full details on a separate sheet).

If none, please state NONE.

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You may from time to time be asked for updates to this information when your child is involved in any trips etc, however, **PLEASE NOTE** it is the responsibility of the parent / carer to keep the college informed of any changes to their child's health.

Signed: Parent / Carer

Date: