

**This form must only be completed by Parents/Guardian/Carer**

**Medical Conditions in School**

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school, we may need to discuss your child's health with the School Nursing Service or another health professional who is involved in your child's care.

<b>Child's name:</b>	
<b>Form group:</b>	
<b>Date of Birth:</b>	
<b>Home Address:</b>	
<b>GP Surgery:</b>	
<b>Surgery Contact No:</b>	

Circle YES or NO as appropriate and give further details if you answer YES to any question.

1. Does your child have a medical condition/health concern? <b>If YES, please give details overleaf</b>	Yes	No
2. Does your child have a medical condition/health concern that needs to be managed during the school day? <b>If YES, please give details overleaf</b>	Yes	No
3. Does your child take medication during the school day? <b>If YES, please give details overleaf</b>	Yes	No
4. Does your child have a health care plan that should be followed in a medical emergency? <b>If YES, please give details overleaf</b>	Yes	No

Please use this page to describe any medical condition associate with the questions overleaf where you have answered **YES**.

1. My child has a medical condition as follows:

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2. My child has a medical condition/health concern that needs to be managed during the school day as follows:

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3. My child takes medication during the school day (please indicate the medication type and frequency):

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4. My child has a health care plan that should be followed in a medical emergency (please give details of whether you have already shared a copy of the care plan, or give details of how we can obtain this):

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