

Medical Information Form

Please complete all relevant information on this form to enable us to update the medical records for your child. Please see the privacy notice on the school website which details why we collect this information and how we use it.

Student Surname	Student Forename
Date of Birth	Year/Tutor set

Doctors Details

Name, Address and Telephone number of Doctors surgery:

Do you have a specific medical condition? E.g. Allergies, Asthma, Hay Fever, Epilepsy, Arthritis, hearing difficulties, sight difficulties etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state the condition(s):	

Please note: Although we have the facility to store general medication (i.e. paracetamol, ibuprofen etc.) we are unable to administer any medication to students.

Do you need any medication or treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please ensure that you know the correct dosage and are capable of taking your own medication.	

We do recommend that with any medication taken on a regular basis, a spare supply is given to the school for use in case of emergencies. E.g. Inhaler, EpiPen, migraine treatment etc. Students will be responsible for administering this medication themselves.

Do you have a recognised disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details:	

Is there any further medical information that you feel the college should be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details:	

Dietary Requirements

Artificial colouring allergy <input type="checkbox"/>	No dairy produce <input type="checkbox"/>	Gluten Free <input type="checkbox"/>
Kosher foods only <input type="checkbox"/>	Halal <input type="checkbox"/>	No Pork <input type="checkbox"/>
Seafood Allergy <input type="checkbox"/>	No nuts of any type or quantity <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
Egg Allergy <input type="checkbox"/>	Other (please give details)	

Please return the completed and signed form to the college office.

If any of the details provided on this form change please inform the college promptly.

Print Name	Date:
Signature: (Parent/Carer/Student)	