



New Admission Medical Information

Please complete this form before your child starts our school

Name of child

Date of Birth

Name of your child's Doctor

Doctor's Address

Doctor's Telephone Number

Does your child have any allergies? If yes, what is he/she allergic to?

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Does your child have asthma? *If yes, please provide the class teacher with an inhaler, clearly marked with your child's name.*

Any other medical information (Please add additional note if necessary)

Please give details of any medication that your child takes on a regular basis

Please state any medication which your child must NOT take

Names and organisations of other agencies/professional involved with your child (e.g. early years team, speech therapist)

To meet our legal duties and provide the best education for your child are there any impairments that you feel we need to know about? (Please add additional note if necessary.)

Signature of a Parent/Carer **Date**

Please inform the school of any changes to this information. Thank you.