

**MEDICAL QUESTIONNAIRE**

PUPIL'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT'S NAME AND INITIALS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

NAME AND ADDRESS OF FAMILY DOCTOR \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

SCHOOL \_\_\_\_\_

Has your child had any of the following?

Asthma or Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Any other allergies e.g. material, food, insect bites etc	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of these questions is YES please give details below

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**Immunisation Status**

Has your child received vaccination against Tetanus  
in the last five years? YES NO

Date if yes \_\_\_\_\_

Is your child receiving medical treatment of any kind from either  
your Family Doctor or Hospital? YES NO

Has your child been given specific medical advice to follow in  
emergencies? YES NO

If the answer to either of these questions is YES please give the details below (including dosage of any medicines/tablets).

SIGNED \_\_\_\_\_ Parent/Guardian

**Medicines**

Any medicines that need to be taken during a school journey must be handed to the member of staff in charge of the journey by the parent/carer. The medicines should be in containers clearly labelled with the child's name, the type of medicine and the dosage instructions.

**Medical History**

Please give details of any of the conditions listed on the previous page where your answer was YES.