



ST JOHN'S SCHOOL MEDICAL FORM – DAY PUPILS 2018-19

Name of child:

Date of birth:

1. Please circle number to denote your child's status in your family in relation with your other children.

1 2 3 4 5 6 Brother/Sister

2. Please give details of operations or any other serious illnesses with dates:

3. Please give details if your child suffers, or has suffered, with any emotional difficulties:

4. Please give details if your child has any allergies or is allergic to any medication, e.g. Penicillin, plasters:

5. Please give details if your child suffers from Asthma, Epilepsy or Diabetes:

6. Please indicate if your child has any food allergy and/or any specific dietary requirements:

7. Please state if inhalers or epi pens/auto injectors are carried by your child:

PTO



8. Please give details of all special treatment or drugs being currently administered to your child for any regular condition. Any medication currently being taken by your child and which requires administration during the school day must be handed into Matron who will see this administration is properly carried out. You will be asked to complete a 'Request for St John's Matrons to administer medication form'. Please note that we will only administer prescribed medication to children:

9. Please give details if your child experiences difficulties with any of the following:

Hearing:

Speech:

Teeth:

Eyes:

Ears:

IMPORTANT

PLEASE GIVE CONTACT NUMBER IN CASE OF EMERGENCY. THIS SHOULD BE IN ADDITION TO HOME TELEPHONE NUMBER, IE WORK, MOBILE, NEXT OF KIN, FRIEND, NEIGHBOUR.

Name of parent / guardian:

Relationship:

Emergency contact telephone/s:

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Relationship:

Emergency contact telephone/s:

The information given above is to the best of my knowledge correct. I agree to comply to the procedure stated above for the administration of medicine during the school day of required.

Name (Block Capitals Please):

Signed:

Date:
