**BEDWAS HIGH SCHOOL**
**YSGOL UWCHRADD BEDWAS**

# MEDICAL FORM

**SURNAME** | **FORENAME**

**AGE** | **FORM** (If known) | **DOB**

**ADDRESS**

**1st CONTACT NUMBER**

**2nd CONTACT NUMBER**

**DOCTOR**

*Please answer the following -*
*Does your child suffer from*

**HAYFEVER**_____

*Medication*_____

**ASTHMA**_____

*Medication*_____

**IS YOUR CHILD ALLERGIC TO PLASTERS Yes / No**

**HAS YOUR CHILD ANY ALLERGIES**_____

_____

**DOES YOUR CHILD HAVE ANY REACTION TO COMPUTER SCREENS**

_____

**DOES YOUR CHILD SUFFER FROM EPILEPSY Yes / No** _____

_____

**DOES YOUR CHILD HAVE A PROBLEM WITH HIS/HER**

**SIGHT Yes / No** _____

**HEARING Yes / No** _____

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# MEDICAL FORM

**HAS YOUR CHILD ANY DISABILITIES Yes / No _____**

_____

_____

**DOES YOUR CHILD SUFFER FROM ANY LONG TERM ILLNESS?**

_____

_____

_____

**A separate sheet may be required to be completed, if you wish the school to supervise/administer medication.**

**Any information completed on this or any medical form is completely CONFIDENTIAL. If you require any further information or to arrange an interview to discuss any medical problem, please do not hesitate to contact the school.**

**Yours sincerely,**

**Mr. Dennis Hollyman**
**( Health and Safety Officer ).**