

TELEPHONE: 01430 860287  
FAX: 01430 427815  
E-MAIL: hosm@eastriding.gov.uk

Dear Parents/Guardians,

Please find attached personal data regarding your child .....  
We would be most grateful if you could verify for our computer records that such information is accurate.  
Should any part of this Data Collection Sheet appear incorrect could you kindly make any necessary  
alterations, alongside completing the medical information below in order to maintain that our health records  
are up to date. Please ensure that all contact persons have given their consent to be included on the  
school's database and that they are willing to be contacted should your child become ill and you are  
unavailable.

**MEDICAL INFORMATION - CONFIDENTIAL**

**Does your child suffer from any problems within the following areas?**

(Please Detail)

**Sight:** .....  
.....

**Hearing:** .....  
.....

**Physical:** .....  
.....

**Asthma:** (Please detail exact medication taken and when, ensuring that an inhaler is kept labelled in school  
should your child require it) .....

.....  
**Allergies:** .....

.....  
**Any form of fit?** .....

.....  
**Other:** .....

.....  
**Doctor's Details:** .....

**Please complete the following:**

I have read and acknowledge that the information detailed on the data collection sheet is accurate.

Signed: ..... Date: .....

**I give/do not give permission to Miss. H. Ross to authorise emergency treatment in my absence.**

Signed: ..... Date: .....

**This information should be completed and returned to your child's class teacher at school as soon as possible.**