Medical History Form

Child Name: _____ **Date of Birth:** _____

Parent Names: _____

Address: _____

_____

Family Doctor: _____

Address: _____

The following information is needed to determine whether the school needs to devise an individual Health Care Plan (HCP) for your child, and to handle emergencies. You may use the back of this form if you have any additional information. It is vital to your child's welfare and safety during the school day that if your child has any health condition which may require medical care to be performed at school, you immediately inform us in writing.

About your Child

Do you have any worries about your child's behaviour? Yes (please describe) No

_____

Has your child ever worn a hearing aid? Yes (please describe) No

_____

Was your child late in beginning to talk? Yes (please describe) No

_____

Is your child's speech difficult to understand? Yes (please describe) No

_____

Medical History (Check all which apply) If any apply, please elaborate below

	Diabetes		Frequent stomach aches		Urine or bowel problems
	Frequent sore throats		Fainting spells		Poor appetite
	Asthma		Frequent colds		Coordination problems
	Frequent earaches		Dental problems		Poor sleeping habits
	Bleeding problems		Colour blindness		Physical disability
	Vision issues		Hearing **Hearing Aid** Y / N		ADD/ADHD
	Frequent headaches		Tires easily		Heart Problems
	Seizures or convulsions		Frequent nose bleeds		Other (Please Specify)

_____

_____

Allergies (Check all which apply) If any apply, please elaborate below

	Nuts		Bees		Egg
	Shellfish		Milk		Other foods
	Animals		Sun cream		Plants
	Plasters		Drugs		Other (Please Specify)

_____

Please describe your child's reaction: _____

_____

Emergency Treatment Needed: Yes / No (if yes, what treatment is needed) **CALL 999** Yes / No

_____

Specific Medication

Is regular specific medication taken for health conditions: Yes / No (if yes, what medication is needed)

_____

At Home / At School

Is your child's physical activity limited in any way: Yes / No (if yes, please describe)

_____

I, the parent, certify that this information is correct and agree to inform the school immediately in writing should anything change which may affect this document and the welfare of my child at school.

Signed (Parent): _____ **Name:** _____

Date: _____

Additional information: