



St. Peter's Church of England Primary School

Update Medical Information

Please only complete sections which need updating.

Child's Name:		DOB:	
Name and Address of Child's GP:			
Telephone Number:			
Does your child suffer from any of the following ongoing medical conditions? Please circle			
Hayfever	Asthma	Diabetes	Migraines
Eczema	Mobility Problems	Hearing Problems	Sight Problems
If any of the above apply, please give details: <i>If your child requires an inhaler, please make arrangements for an additional inhaler so that this can be kept in school for your child. Inhalers must be clearly labelled with child's name and requirements.</i>			
Does your child require glasses for school?		Yes/ No	
In the last 12 months, has your child suffered from any conditions requiring medical treatment or ongoing medication?		Yes/ No	
If yes, please give details:			
Is your child allergic to any medication or treatment? (including plasters)		Yes/ No	
If yes, please give details:			
Please provide details if your child has ever been involved with any other services (beyond GP and Health Visitor) eg. Speech therapists, Occupational therapists, social services:			
In the event of an emergency where you are not immediately contactable, do you give consent for your child to receive treatment which is deemed urgently necessary?		Yes/ No	
Signed:		Date:	