



## PUPIL MEDICAL/DISABILITY INFORMATION FORM

**CHILD'S NAME** \_\_\_\_\_

**Name of Child's Doctor** \_\_\_\_\_

**Address of Doctor** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Does your child have any medical condition or disability\*? YES/NO**  
If YES please give details below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**As far as you are aware, does your child have any known allergies e.g. Food (please specify which food), Medication allergy etc? YES/NO**  
If YES please give details below

**Allergy** \_\_\_\_\_

**Symptoms** \_\_\_\_\_

**Medication required (if applicable)** \_\_\_\_\_

*(N.B. if your child suffers from Asthma as a result, please complete the Asthma Form)*

**N.B.** We are not able to give medication to your child in School. If your child is unwell, they need to be at home so that they can recover fully. We would suggest that while they are taking prescribed medicines, home is the best environment for them so that they can fully recover.

Some medicines only need to be given 3 times a day and these can comfortably be given before breakfast, on arriving home from School and before going to bed at night. This way if your child is well enough for School, they will still get their proper dosage, but at home.

**Signed** \_\_\_\_\_ **Parent/Guardian**      **Date** \_\_\_\_\_

We ask for your co-operation and help in conjunction with our disability/equality scheme to inform us if you have any disability\*. This information will be treated sensitively and in confidence.

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\* Definition of disability:  
'a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.'

- 'physical impairment' includes sensory impairments;
- 'mental impairment' includes learning difficulties and an impairment resulting from or consisting of a mental illness;
- 'substantial' means 'more than minor or trivial'; and
- 'long term' is defined as 12 months or more.