Grange Junior School – School Medical Questionnaire

Please complete the questionnaire below and return it to school

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child …….. Date of Birth …….

Does your child have a medical condition/ health concern?

YES ☐ **NO** ☐

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES ☐ **NO** ☐

If YES please give details

Does your child take medication during the school day?

YES ☐ **NO** ☐

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES ☐ **NO** ☐

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

Signature(s) _____ Print Name _____
[Parent/ Carer with parental responsibility]

Date _____ Contact number _____