Appendix 1 – Medical Questionnaire

Name of Pupil	
Date of Birth	
Year Group / Class	
Name of GP	
Address of GP	

1. Is your child currently under the care of the GP/clinic/hospital for a medical condition* (physical or mental health)? **Yes / No**
If yes, please give details:

2. Is there any other condition/health concern you need to make us aware of? **Yes / No**
If yes, please give details:

3. Does your child require medication to be taken during school hours? **Yes / No**
If yes, please give details:

If you have ticked 'yes' above, a member of staff will contact you to discuss your child's medical needs further. All pupils with medical conditions* will require an individual healthcare plan at the start of each school year. If the medical condition is serious, complex and/or life threatening we will organise a meeting to discuss an Individual Healthcare Plan. If medication needs to be taken at school, all parents/carers will need to complete the medication form (Appendix 6 of the 'Supporting Pupils with Medical Conditions' Policy).

4. I give **consent** to share this information with relevant school staff and health professionals. **Yes / No**

Name of Parent / Carer	
Signature of Parent / Carer	
Date	

** 'Medical condition' refers to any physical or mental health condition that requires ongoing input from a health professional.*