Hollinhey Primary School & Nursery

"Together We Succeed"

Aspire Educational Trust

MEDICAL INFORMATION FORM

Please could you fill in and return to school, if your child has a medical condition which might affect their time at school. Please only one child per form. Thank you.

Pupil Name _____

Date of Birth _____

Address _____

_____Post Code _____

Telephone Number/Emergency Contact No _____

Doctor's Name _____

Surgery Address _____

Phone Number_____

Does your child suffer or had any of the following conditions?

Condition	Tick if YES	Tick if a current concern	For this condition do they use?	Tick if YES
Asthma			Relieving inhaler	
Allergy			Antihistamine	
Diabetes			Snack box Insulin Equipment & monitor	
Epilepsy			Medication	
Anaphylaxis			Auto injector/Epi-pen	

If YES please contact the school as we will need further details for our records. Also please could you complete a separate form requesting medication administration?

Does your child have any other medical conditions or medical dietary requirements that you would like us to know about, that may have an impact on their care?

_____

_____

_____

_____(continue overleaf if needed)

Signature of the person completing this form_____

Relationship to pupil _____ Date_____

If anything changes, please could you contact the school immediately to fill in a new form?

Acting Headteacher
Mrs C. Massey
Email: head@hollinhey.cheshire.sch.uk

Main Office
Mrs Mandy McPike
Email: admin@hollinhey.cheshire.sch.uk
Tel: 01625 704352

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