



Please complete this questionnaire and return it to school.

It's important we support all children with medical conditions to access their education. Some children with medical conditions may need support or medication during school. Could you complete this questionnaire and return it to school as soon as possible so we can arrange any support needed.

Name of child: _____ Date of birth: ____/____/____

Home address: _____

<p>Does your child have a medical condition/health concern?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details:</p>
<p>Does this medical condition/health concern need to be managed during the school day?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details:</p>
<p>Does your child take medication during the school day?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details:</p>
<p>Does your child have a healthcare plan that should be followed in a medical emergency?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details:</p>

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 professionals involved in my child's care.

Signature(s) _____ Print name _____

[Parent/carer with parental responsibility]

Date _____ Contact number _____