MEDICAL INFORMATION COLLECTION FORM

SECTION 1 Basic Details	
Child's Name	
DOB	
Contact Details	**Contact 1** Name: _____ Relationship: _____ Contact number**:** _____ **Contact 2** Name: _____ Relationship: _____ Contact number**:** _____

SECTION 2 Details of Medical Conditions	
Name of Medical condition	
Signs/Symptoms	
Triggers	**What is known to trigger the condition?**
	What is known to make symptoms worse?
Medication **Please include details of timings and dosages**	
Does the medication have any side effects?	
Daily Care requirements	
What would constitute a medical emergency for your child and what action should be taken if this occurs?	

SECTION 3 Details of Dietary Requirements	
Does your child have any dietary requirements or food preferences e.g. Halal/Vegetarian?	
Does your child have any known food intolerances?	

SECTION 4 Details of ALLERGIES	
Has your child been diagnosed with an allergy? Please give details. **If so please provide the name of the doctor who diagnosed your child and which hospital they are under.**	
Please email or bring a paper copy of your child's allergy plan to school.	**I have attached a copy of my child's allergy plan Y / N**
School Meals	Initially schools will update School Grid with the allergy information that you have provided on this form. This will be the information that is used so it is vital that this information is accurate. Please note that due to the new systems and Benedict's Law that any allergies will require the evidence of an allergy action plan or a medical letter. If you indicate that your child has a food intolerance please be aware, under new laws, our catering company will be unable to provide any foods containing this product.

SECTION 5 Medical Professionals	
GP contact details	GP Name _____ GP Address _____ GP Phone Number _____
Are there any other medical professionals involved?	

Signed _____ **Date** _____

Print Name _____