The Samworth Church Academy

Medical Questionnaire Form

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| Forename: | Surname: |
| Date of Birth: | Gender: Male ⬜ Female ⬜ |
| Address: |
| Doctor’s name and address: | Doctor’s telephone number: |
| Name of first contact in case of an emergency: | Telephone number of first emergency contact: |
| Relationship to student: |
| Name of second contact in case of an emergency: | Telephone number of second emergency contact: |
| Relationship to student: |
|  |
|  | Yes | No |
| Does your child suffer from Asthma? |  |  |
| Does your child suffer from Diabetes? |  |  |
| Does your child suffer from Epilepsy? |  |  |
| Does your child have any allergies? If so, do they carry an EpiPen? |  |  |
| Does your child have any other problems/requirements that may affect him/her while in school e.g. Hayfever, Eczema or travel sickness? If yes, please detail: |  |  |
| Has your child ever had a head injury resulting in medical treatment or a condition such as meningitis or encephalitis? |  |  |
| Is there anything else you feel the Academy should know regarding your child’s health? |  |  |
| Is your child allergic to any medicines? If yes, please give details below. |  |  |
| Does your child use any medication including creams, tablets, liquids, inhalers or injections regularly? If yes, please give details below. |  |  |
| The information I have given is to the best of my knowledge and accurate at the time of writing. I will inform the Academy immediately in writing if there is any change to my child’s health.Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |