



## MEDICAL QUESTIONNAIRE

Thank you for completing the Data Form that was sent home recently. We are aware that some pupils have a medical condition that may require them to take medication during the school day. Please complete the form below, with your signature and the date, and return to the school as soon as possible:

<b>Pupil's First Name:</b>	<b>Pupil's Surname:</b>
<b>Date of Birth:</b>	<b>Form Class:</b>
<b>Medical condition(s):</b> (continue overleaf if necessary)	<b>Medication required during school hours:</b> (eg inhalers, paracetamol, etc)  <b>Does your child self-medicate?</b>  <b>If <u>no</u></b> , please send the medication – <i>boxed and 3 months within expiry date</i> - into the school office, in a resealable plastic bag, clearly labelled, and with clear instructions how the medication is to be administered.  <b>If <u>yes</u></b> , where is the medication kept? (ie in school bag)  (If you would like us to keep extra supplies in school, eg, an extra epipen, diabetes emergency kit, etc. please send in the medication as mentioned above).
<b>Parent/Carer's name (printed):</b>	<b>Parent/Carer's signature:</b>
<b>Date:</b>	