

# St Aidan's Church of England High School – Pupil Medical Form

Parent's Name:		Doctor's Name:	
Address:			

Please complete this form with your child if you feel this would be appropriate  
 For further information to any "Yes" answers below

Do you/ have you suffered from:			YES	NO	Ref	Do you/ have you suffered from:			YES	NO	Ref	Do you/ have you suffered from:			YES	NO
Moderate or severe asthma					6	Digestive tract problems					11	Skin disorder e.g. eczema				
Epilepsy or seizures					7	Urinary problems					12	A serious accident or injury have any complications?				
Fainting or absence					8	Blood disorders e.g. anaemia					13	Fractures or ligament/ tendon damage				
Headaches, severe migraines or fainting attacks					9	Nervous illness, depression or had psychiatric treatment?					14	Are you a carrier of an infectious disease?				
High or raised blood pressure					10	Bronchitis, tuberculosis, pneumonia or pleurisy					15	Any other medical or physical condition				

		Yes	No	Ref		
Do you take any medication? How often? (regular, occasional or emergency use) and state what each is used for.				23	Do you have any special requirements - medical, physical or religious?	
Do you have any allergies e.g. hay fever, penicillin, elastoplasts, latex, metal, animals, insects etc? Describe the nature of each allergy, severity of reaction and medication to control it.				24	Do you have any dietary requirements e.g. vegetarianism?	
Have you ever had a bad reaction to medication?				25	Have you had any serious illness in the last two months?	
Have you ever had a tetanus injection? If known, state the date.				26	Are you fit and well now?	
Have you ever had a tetanus injection, if known. Date:				27	Swimming ability as assessed/ estimated in pool conditions	
Have you ever had a tetanus injection, if known. Date:					• Non-swimmer and non-water confident	
Have you ever had a tetanus injection, if known. Date:					• Non-swimmer and water confident	
Have you ever had a tetanus injection, if known. Date:					• Swimmer 50 metres	
Have you ever had a tetanus injection, if known. Date:				• Swimmer 100 metres or more		
Do you have any hearing difficulties, sight impairment, speech or other problems?						

It is the responsibility of parents/ guardians to inform staff at St Aidan's about their child's medical condition(s) and treatment. This is necessary and appropriate medical help including emergency first aid either in school or during off-site school activities. The school is responsible for ensuring pupils have all necessary medication with them for school trips/ excursions. Please contact the nurse or head of year if you wish to discuss any medical issues.

Notes	Ref	Further information
My child has asthma; uses inhalers and nebulisers; two attacks in the last 12 months; uses inhalers.		