Spring Meadow Infant and Nursery School

Pupil's Medical Profile

Child's name: .....

Infants ☐ Nursery ☐ Class: .....

Has your child had the Pre-School Booster Immunisation? Yes ☐ Date: …… No ☐

Does your child wear glasses? Yes ☐ No ☐

Does your child suffer from Asthma? Yes ☐ No ☐

If yes, does your child have an inhaler? Yes □ No □ Will they need to use it at school? Yes □ No □

If yes, please complete a Medication Form available from the School Office.

Does your child suffer from chest complaints, wheezing or hay fever? Yes ☐ No ☐
If yes, please give more details:

Is your child allergic to anything e.g. particular foods (such as nuts), antibiotics, plasters etc?

Yes ☐ No ☐ Please specify:……

If yes, has your child ever suffered an allergic reaction that has required medical assistance?

Yes ☐ No ☐ Please specify:……

If yes, does your child have an **EPIPEN**? Yes ☐ Date prescribed:…….. No ☐
If yes, please complete a Medication Form from the School Office.

Please give <u>specific details</u> relating to your child's allergy here:

Has your child ever had an epileptic fit or Infantile Convulsion? Yes ☐ No ☐
If yes, please give more details:……

……
……

cont:

Are there any other medical conditions we should be aware of? Yes ☐ No ☐

If yes, please give details here:

Medication Forms can be obtained from the School Office or downloaded from the school website.

Dietary Details

Details of Special Dietary Requirements .....
.....
.....

Your child's Diet Sheet attached: Yes [ ] No [ ] Confirmed seen by School Office [ ] …….

Please attach letter of confirmation from your child's Dietician or Health Professional

If yes, use this space to add further comments
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.....
.....
.....

Name of Dietician or medical professional .....

Address .....
.....

Telephone No. .....

*In making this request for a Medical Diet, I acknowledge that whilst Spring Meadow will make every reasonable effort to comply with my child's dietary requirements, this is **not always possible** because of manufacturers' variations to food items, which are outside our control.*

Please ensure that you keep the School fully informed of *any changes* to any of the above medical information.

Parent's name (please print clearly): .....

Signed:..... Date:.....