



# Preston Primary

## HEALTH INFORMATION FORM

Child's Name ..... Date of Birth .....

**PLEASE ENSURE THAT BOTH SIDES OF THIS FORM ARE COMPLETED IN FULL.**

<b>Family Doctor</b>	
Doctor's name:	
Practice name and address:	
Telephone number:	

<b>General Health</b> (If you answer yes to any of these questions, please give further details below including full details of any medication prescribed by doctor/hospital)	
1. Has your child been seen by a speech therapist?	
2. Does he/she receive speech therapy?	
3. Does he/she have grommets?	
4. Does he/she wear a hearing aid?	
5. Does he/she wear a splint?	
6. Does he/she wear spectacles?	
7. Does your child suffer from Eczema?	<i>If yes, please give details of prescribed medication e.g. cream:</i>
8. Does your child suffer from Asthma?	<i>If yes, please give details of prescribed medication e.g. inhaler:</i>
9. Does your child suffer from Hay Fever?	<i>Please give details of how severe and prescribed medication?</i>
10. Does your child suffer from any other allergies?	
11. Does your child take prescribed medication for any other long term problem?	<i>If yes, please give details of condition(s) and medication prescribed:</i>

***Please note: Only medication prescribed by a doctor or hospital may be administered in school. If your child requires medication in school, please call in to the office to complete a separate form consenting to a member of staff administering the medication on your behalf.***

## HEALTH INFORMATION continued

<b>Dietary Requirements</b>	
Does your child have any special dietary requirements for medical or faith reasons?	

<b>Vaccinations</b>	
Has your child been vaccinated against:	
Measles, Mumps and Rubella (MMR or single vaccines)	<i>Please give approximate dates:</i>
Diphtheria, Tetanus, Whooping Cough and Polio (dTaP/IPV or DTaP/IPV vaccine)	<i>Please give approximate dates:</i>

<b>Any other information?</b>
Is there any other information you feel we should be aware of with regard to your child?

<b>Emergency Contact Details</b>	
<b>Parent/Guardian 1</b>	
Surname:	Forename:
Relationship to child:	
Home Tel No:	Mobile No:
<b>Parent/Guardian 2</b>	
Surname:	Forename:
Relationship to child:	
Home Tel No:	Mobile No:

If you have any difficulty completing this form, please do not hesitate to call into the School Office for assistance.