

# Health Questionnaire

# MMPS

## Pupil Details

First Name:  Surname:

D.O.B:

Address:

Postcode:

Tel No.:

## Emergency Contact

Full Name:  Occupation:

Tel No.:  Email:

## GP Information

G.P's Name:  G.P's Contact No.:

Address:

NHS No.   
(If known)

## Medical Conditions

Please indicate below if your son/daughter has any of the following medical conditions or difficulties. If your answer is YES, please give details of any medication required, which health professionals help manage your child's condition e.g. hospital team, GP or other service. Please provide details of how their condition may affect their participation in school activities e.g. sports

Condition	Yes or No	Details - medications required/managed by hospital or GP/if this may affect school activities
<b>Asthma</b> <i>(we recommend a spare inhaler is left in the school office)</i>		
<b>Diabetes</b> <i>(please indicate type and treatment)</i>		
<b>Epilepsy</b>		
<b>Serious allergies</b> <i>Does this require adrenaline in school (Epipen)?</i>		
<b>Bladder or bowel problems</b>		

<b>Mobility</b> <i>e.g. spinal problems</i>		
<b>Hearing</b> <i>e.g. wears a hearing aid, needs to sit at the front of the classroom</i>		
<b>Vision</b> <ul style="list-style-type: none"> <li>• Wears glasses in general</li> <li>• Glasses for reading</li> <li>• Wears contact lenses</li> </ul>		
<b>Severe migraines/headaches</b>		
<b>Anxiety/Panic attacks</b>		
<b>Heart Conditions</b> <i>e.g. has a pacemaker</i>		
<b>Blood Conditions</b> <i>e.g. anaemia</i>		
<b>Dietary conditions</b> <i>e.g. Coeliac, gluten free diet</i>		
<b>Any other medical conditions not listed above</b>		

Will your son/daughter need medication during school hours?  
*If yes please give details below.*

Yes  No

Will your son/daughter be attending regular medical/dental appointments?  
*If yes please give details below.*

Yes  No

*Any updates with regard to medical conditions, medication or contact details must be reported to office immediately in writing.*

All data collected will be used in line with GDPR (General Data Protection Regulation).

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_