Aspiration
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Inspiration

DONINGTON
CE
PS
COWLEY ENDOWED PRIMARY SCHOOL

Determination Courage
Excellence Pride Success

MEDICAL INFORMATION QUESTIONNAIRE

CHILD'S NAME_____

DATE OF BIRTH_____ **CLASS**_____

1. BREATHING PROBLEMS

Does your child suffer from any breathing problems? **YES/NO**

If YES please specify_____

Does anything in particular trigger this breathing problem?

_____

What medication is used? (if any)_____

How?_____

When?_____

2. UNCONSCIOUSNESS

Does your child suffer from any condition that may cause them to become unconscious?
YES/NO

If YES please specify_____

Does anything in particular trigger this condition?

What medication is used? (if any)_____

How?_____

When?_____

3. NOSE BLEEDS

Is your child susceptible to spontaneous nosebleeds? **YES/NO**

If YES please specify_____

Is there any particular cause of this condition?

How do you usually deal with these bleeds?

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4. ALLERGIES

Is your child allergic to anything i.e. elastoplasts, food additives, nuts, eggs etc? **YES/NO**

If YES please specify

What medication is used? (if any)_____

How?_____

When?_____

5. DIABETES

Is your child diabetic? **YES/NO**

What medication is used?_____

How?_____

When?_____

Please give details of any information school would need in regard of this condition.

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6. OTHER CONDITIONS

Please give details of any conditions which may affect your child at school or which concern you, i.e. hearing, vision, speech, hyper-activity, headaches etc.

Is your child currently, or due to, see a professional regarding one of the above? (i.e. speech therapist, hearing specialist etc)

7. PLASTERS/FIRST AID

I give permission for my child to be given a plaster should one be required. YES/NO

I give permission for first aid to be administered to my child by a member of staff should the need arise. YES/NO

Signed_____ Parent/Guardian Date_____