



**DOWNSEND**  
SCHOOL

1 Leatherhead Road, Leatherhead, Surrey KT22 8TJ

## Medical Record Update

If there have been any changes to your child's medical history during the past term, please ensure you complete this form as fully as possible and return to the School Nurse at the above address.

### Pupil Details

First Names:		Surname:	
Form:			

### Has your child been admitted to hospital over the holidays?

YES/NO		If yes, please give details:

### Has your child been in contact with any infectious diseases over the holidays?

YES/NO		If yes, please give details:

### Does your child suffer from any medical condition that requires regular medication?

YES/NO		If yes, please give details, including treatment required:

### Have there been any changes to your family circumstances over the holidays which may affect your child at school? (i.e. house move, new baby etc)

YES/NO		If yes, please give details:

### Have your GP and/or emergency contact details changed over the holidays?

YES/NO		If yes, please give details:

If you have any health concerns regarding your child please contact the School Nurse direct on 01372 385409.

Signed:		Name in full:	
Relationship to child:		Date:	