



## Pupil Health Record Form

The following information is needed by the School Nurse. Please ensure you complete this form as fully as possible and update the school with any changes. Please return to the School Nurse at:  
1 Leatherhead Road, Leatherhead, KT22 8TJ.

### Pupil Details

|                |  |                |  |
|----------------|--|----------------|--|
| First Names:   |  | Gender:        |  |
| Surname:       |  | Date of Birth: |  |
| Mother's name: |  | Father's Name: |  |

### GP Details

|          |  |               |            |  |
|----------|--|---------------|------------|--|
| GP Name: |  | Telephone No: |            |  |
| Address: |  |               |            |  |
|          |  |               |            |  |
|          |  |               |            |  |
|          |  |               | Post Code: |  |

### Medical Details

|  |        |                |        |               |        |
|--|--------|----------------|--------|---------------|--------|
| Please give details of any operation your child has undergone  |        |                |        |               |        |
| I consent to my child being given the medication listed below, as deemed appropriate by the School Nurse whilst he/she is on the school premises. Please delete as applicable. |        |                |        |               |        |
| Paracetamol  | YES/NO | Throat Lozenge | YES/NO | Antihistamine | YES/NO |
| Cough Linctus  | YES/NO |                |        |               |        |
| Please state if your child is on any regular medication and why:   |        |                |        |               |        |
|  |        |                |        |               |        |
| Does your child have any of the following allergies?   |        |                |        |               |        |
| Hayfever   | YES/NO | Bites/Stings   | YES/NO | Elastoplast   | YES/NO |
| Drugs  | YES/NO | Foods          | YES/NO |               |        |
| If yes to any of the above, please give details including treatment required:  |        |                |        |               |        |
|  |        |                |        |               |        |
| Are any of the above allergies life threatening?   |        | YES/NO         |        |               |        |

**We regret that we are only able to serve food to children with life threatening food allergies if a full risk assessment has been carried out by the Head in conjunction with the parents.**

**PTO**

## Dietary Requirements

|   |        |
|---|--------|
| Does your child have any specific dietary requirements due to medical or religious reasons? | YES/NO |
| If yes, please provide details:   |        |
|   |        |
|   |        |

## Medical History

|  |        |                |        |                  |        |
|--|--------|----------------|--------|------------------|--------|
| Does your child suffer from any of the following?  |        |                |        |                  |        |
| Asthma   | YES/NO | Sight Problems | YES/NO | Hearing Problems | YES/NO |
| Eczema   | YES/NO | Headaches      | YES/NO | Speech Problems  | YES/NO |
| Diabetes   | YES/NO | Epilepsy       | YES/NO |                  |        |
| If yes to any of the above, please give further details including any other medical conditions not listed: |        |                |        |                  |        |
|  |        |                |        |                  |        |
|  |        |                |        |                  |        |
|  |        |                |        |                  |        |
|  |        |                |        |                  |        |

## EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I consent to school staff seeking medical advice and/or treatment, including taking my child to the Accident & Emergency Department of the local hospital, either by ambulance or staff car. I also consent to my child's details being on display where appropriate, for easy recognition in the event of an emergency.

**Thank you for reading and completing this form. If you have any health concerns regarding your child please contact the School Nurse direct on 01 372 385409. Please sign and date below.**

|   |
|---|
| <p>I confirm that the above information is correct and that I will inform the School Nurse of any changes.</p> <p>Signed: .....</p> <p>Name in full: .....</p> <p>Relationship to child: .....</p> <p>Date: .....</p> |
|---|