

**Horsell Church of England Junior School**  
**MEDICAL QUESTIONNAIRE**

PUPIL'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT'S NAME AND INITIALS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE NO \_\_\_\_\_

WORK TELEPHONE NO \_\_\_\_\_

MOBILE NO \_\_\_\_\_

NAME AND ADDRESS OF FAMILY DOCTOR \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

SCHOOL \_\_\_\_\_

Has your child had any of the following

Asthma or Bronchitis YES NO

Heart condition YES NO

Fits, fainting or blackouts YES NO

Severe headaches YES NO

Diabetes YES NO

Allergies to any known drugs or medication YES NO

Any other allergies e.g. material, food, insect bites etc. YES NO

Other illness or disability YES NO

Any recent contact with contagious diseases and infections YES NO

If the answer to any of these questions is YES please give details overleaf

Immunisation Status

Has your child received vaccination against Tetanus in the last five years? YES NO

Date if yes \_\_\_\_\_

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital? YES NO

Has your child been given specific medical advice to follow in emergencies? YES NO

If the answer to either of these questions is YES please give the details overleaf:  
(including dosage of any medicines/tablets)

SIGNED \_\_\_\_\_

Parent/Guardian

## **Medicines**

Any medicines that need to be taken during a school journey must be handed to the member of staff in charge of the journey by the parent/carer. The medicines should be in containers clearly labelled with the child's name, the type of medicine and the dosage instructions.

## **Medical History**

Please give details of any of the conditions listed on the previous page where your answer was YES.

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