

ROWELLYN PARK PRIMARY SCHOOL

## MEDICAL INFORMATION

**This information must be updated each term (for class activities). A new form must be completed prior to your child attending any specialist activity, eg sport, choir etc. Information supplied is confidential and will only be available to persons supervising the activity.**

PLEASE USE BLOCK LETTERS WHEN FILLING OUT THIS FORM

| Student's Surname | Given name (preferred) | Date of Birth | Grade |
|-------------------|------------------------|---------------|-------|
|                   |                        |               |       |

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | YES                      | NO                       |
| Are you aware of any medical/health care condition or emergency that could arise, including allergies?<br><i>If 'yes' give details below.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |
|--|--|
| <b>Condition/emergency/allergy &amp; how to recognise it</b> |  |
| <b>Avoidance precautions</b>                                 |  |
| <b>Emergency treatment</b>                                   |  |

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | YES                      | NO                       |
| Does the student take any prescribed medication, including inhalers? .....<br><i>If 'yes' give details below.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

|                            |                      |
|----------------------------|----------------------|
| <b>Medication:</b>         | <b>Dose:</b>         |
| <b>When and how taken:</b> | <b>Side effects:</b> |
|                            |                      |

|   |                          |                          |   |  |
|---|--------------------------|--------------------------|---|--|
|   | YES                      | NO                       |   |  |
| Is the student immunised against tetanus?<br><i>(If in doubt ask your doctor)</i> | <input type="checkbox"/> | <input type="checkbox"/> | Date of last tetanus booster?<br><i>(Approximate)</i> | <input style="width: 100px;" type="text"/> |

**Emergency contacts for this activity:**

| Name: | Phone No: |
|-------|-----------|
|       |           |
|       |           |
|       |           |
|       |           |