

Pupil Medical Details

CONFIDENTIAL

The information provided here will be treated with the strictest confidence. If you prefer you can return this form to the school in a sealed envelope.

The information is used to ensure that the appropriate staff and facilities are in place in time for your child starting school. The school works with Community School Nurses to support health screening and the medical needs of pupils. Parents will be asked to complete a detailed school medical form again at the start of the new session. This will allow for any changes in your child's health needs to be captured. All information will be held electronically to enable staff to respond to pupils' needs as quickly and effectively as possible.

This form can be completed on computer and printed. **If filling in by hand please use BLOCK CAPITALS**

School Name

Pupils Details

Pupil Forename

Known As

Pupil Surname

Date of Birth

Doctors Details

Name of Doctors Surgery

Doctor

Street

Town

Area

Postcode

Telephone

Medical Condition of Pupil

Notes on Health Need

Signature of
Parent/Guardian

Date