

Hall Grove School

Medical Information

Name:

Date of Birth: / /

Permission to administer first aid Yes / No		Permission to take to hospital Yes / No		Permission Paracetamol/Calpol Yes / No Ibuprofen Yes / No Piriton Yes / No bite/sting cream Yes / No
Sight condition Yes / No	Glasses Yes / No	Hearing Condition Yes / No	Dyspraxia Yes / No	
Hearing Aid Yes / No	History of Ear Infection Yes / No	Grommets Yes / No	Travel Sickness Yes / No	
Allergy Yes / No	Asthma Yes / No	Eczema Yes / No		
Epipen Yes / No	Inhaler Yes / No	Epilepsy Yes / No		

* Any additional notes may be written on the reverse of this sheet

Details of operations and hospitalisations or significant medical condition.

Details of allergies

Details of asthma

Details of special dietary requirements

Is there anything about the child's development that suggests the need for special care or precautions?

Name, address and telephone number of Family Doctor.

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Signed by Parent

Immunisation Details

All pre-school vaccinations have been administered in accordance with the UK Childhood Immunisation Programme.

Some, but not all pre-school vaccinations have been administered (include details below).

No vaccinations have been administered.