

MEDICAL INFORMATION FORM

Strictly Confidential: The information on this form will be held securely on the pupil file.

Personal Details – please complete

Surname	
First names	
Date of Birth	
Address	

MEDICAL DETAILS – please complete ALL sections

Illness	Please tick if YES	Date if known
Chickenpox		
German Measles (Rubella)		
Glandular fever		
Jaundice		
Measles		
Mumps		
Scarlet Fever		
Whooping Cough		

Other Conditions	Please tick if YES	Date if known
Asthma		
Anxiety		
Bone or Joint Diseases		
Eating Disorders		
Eczema		
Enuresis (Bed Wetting)		
Fits/Convulsions		
Hay Fever		

Other Medical Information

Details of Other Medical Problems	Date of start of treatment

Allergies to	Please tick if YES
Dust	
Nuts	
Wasp/Bee stings	
Drugs – please indicate which drug(s) below	

Medication – please indicate below if your child is at present taking any form of medication.

School Games and Activities – if you consider that your child is not fit to take part in all or any of the normal games and activities, please give details below.

Special Dietary Requirements – if your child has any special dietary requirements, please give details below:

Sight and Hearing

	Please tick if YES	Date of last test
Does your child wear glasses?		
Does your child wear contact lenses?		
Has your child had a hearing test?		

Results of Hearing Test

Any Other Relevant Information

Please indicate below any other health information about your child that our medical staff should be aware of:

IMMUNISATIONS AND VACCINATIONS

Please complete the details below with dates.

Immunisations/Vaccinations	Please tick if YES	Date if known
Chicken Pox		
Diphtheria		
Poliomyelitis booster		
Tetanus booster		
Whooping Cough (Pertussis)		
Measles		
Mumps		
Rubella (German Measles)		
HIB		
Meningitis C		
Meningitis ACWY		
BCG		
Mantoux/Heaf Test		
Hepatitis A		
Hepatitis B		
Rabies		
Typhoid		
Yellow fever		

PARENTAL AUTHORISATION

Update of Medical Information

I undertake to keep Haileybury Malta fully informed of any medical conditions that may arise in the future.

Signed

Date

Any Additional Information