

# Medical Questionnaire

Provided by Ealing School Nurses – May 2019



Twyford  
C of E  
High School

Name of Pupil:	
Date of Birth:	
Year Group / Class:	
Name of GP:	
Address of GP:	

1. Is your child currently under the care of the GP/clinic/hospital for a medical condition\* (physical or mental health)?

**Yes / No**

If yes, please give details:

2. Is there any other condition/health concern you need to make us aware of?

**Yes / No**

If yes, please give details:

3. Does your child require medication to be taken during school hours?

**Yes / No**

If yes, please give details:

If you have ticked 'yes' above, a member of staff will contact you to discuss your child's medical needs further. All pupils with medical conditions\* will require an individual healthcare plan before the start of the school year. If the medical condition is serious, complex and/or life threatening the school will organise a meeting to discuss the individual healthcare plan. If medication needs to be taken at school, all parents/carers will need to complete a medication form.

4. I give **consent** to share this information with relevant school staff and health professionals including the school nursing service.

**Yes / No**

Name of Parent / Carer:	
Signature of Parent / Carer:	
Date:	

\* The school takes 'medical condition' to refer to any physical or mental health condition that requires ongoing health professional input.