



Glusburn Community Primary School

Respecting Rights, Recognising Responsibilities

Colne Road, Glusburn, Keighley, Yorkshire BD20 8PJ
Telephone 01535 632145 Fax 01535 631108
Website: www.glusburn.n-yorks.sch.uk
E-mail admin@glusburn.n-yorks.sch.uk
Reg Charity No 1060322
Headteacher Mr. R.Hunt



MEDICAL FORM 2018-2019

Name of child _____

Class _____

If your child has a medical condition of any sort, please discuss this with your family Doctor before completing this form. Medical conditions would not normally exclude your child from participating in activities/visits. It is important that your child is accompanied by any medication necessary and that we are made aware of this. Please make sure that they have enough medication with them.

- Has your child had any serious illness in the last two months? **Yes/No**
- Is your child recovering from an accident, injury or fractured bone? **Yes/No**
- Does your child have Epilepsy or convulsions? **Yes/No**
- Does your child have Diabetes? **Yes/No**
- Does your child have Asthma? **Yes/No**
- Does your child have Heart Disease? **Yes/No**
- Does your child have any Allergies? **Yes/No**

If the answer is yes to any of the above please give details below –

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Name of Doctors' Surgery Tel. No. NHS Medical Card.....

Has your child been inoculated against Tetanus? **Yes/No**

If yes, please give date of last injection.....

Is your child allergic to any medication **Yes/No**

If yes, please specify

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Please outline any **special dietary requirements** for your child:

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Signed (Parent) Please print name Date.....



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