**ALL SAINTS’ CHURCH OF ENGLAND FEDERATION OF ACADEMIES HESSLE**

**MEDICAL FORM 2022/2023**

**IMPORTANT: If your child has a complex medical condition, please make an appointment to come in and discuss it with staff. We will work with you to manage your child’s condition in school. Once you have completed this form it is your responsibility to inform the school of any changes to your child’s health or medical information which the school needs to know.**

**NAME OF CHILD……………………………………………………………………………CLASS ………………**

1. Does your child have any diagnosed medical conditions? **YES/NO** (If **YES**, please give brief details)

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1. Does your child have any medical conditions requiring medical treatment, including medication? **YES/NO** (If **YES**, please give brief details)

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1. Does your son/daughter have any allergies – for example to medication, pollen or specific foods? **YES/NO** (If **YES**, please give brief details)

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 **D.** Please outline any special dietary requirements of your child (e.g. **Vegetarian,** **gluten free**/ **no dairy**)

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1. I agree to my child receiving first aid as considered necessary **YES/NO**
2. I agree to my child being taken to hospital in an emergency if I cannot

be contacted **YES/NO**

1. I agree to my child’s temperature being taken with a Non-Contact Infrared forehead

thermometer if it is felt necessary **YES/NO**

**Name and Surgery Address of Family Doctor:** …………………………………………………….........................................

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**Signature of Parent/Guardian …**……………………….……………………………. Date……………………………………………………