



**MEDICAL INFORMATION ABOUT YOUR CHILD**

1. Does your child have any conditions which require medical treatment, including regular medication? **YES/NO**  
*If yes, please provide details including the name of the medication, the amount to be administered and how frequently:*

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**IMPORTANT**

***Please ensure that any medication your child is taking on this visit is clearly labelled with their name, progress group and daily dosage instructions. All medication should be handed your child's progress tutor at the start of the visit.***

2. Does your child have any food or other allergies and special dietary requirements? **YES/NO**  
*If yes, please provide details including what medication must be administered in the event of a reaction:*

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3. Has your child suffered any recent illness or had an accident that staff need to be made aware of? **YES/NO**  
*If yes, please provide full details:*

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4. Is your child allergic to any specific medication? **YES/NO**  
*If yes, please provide full details:*

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5. Please provide details of the type of pain/flu relief medication that your child may be given if required:

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6. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **YES/NO**  
*If yes, please provide full details:*

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7. When did your child have a tetanus injection? .....

8. Is your child on the SEN register?  
*If yes, please provide full details:*

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9. Is there any other **important** information regarding your child's health and wellbeing that Brine Leas School should be aware of? **YES/NO**  
*If yes, please provide full details:*

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