

MEDICAL DETAILS OF YOUR CHILD (PLEASE CIRCLE AS APPROPRIATE)			
NAME			
DOES YOUR CHILD WEAR GLASSES IN SCHOOL?		YES/NO	
HAS THE DOCTOR PUT ANY RESTRICTIONS ON PHYSICAL ACTIVITIES E.G. GAMES, SWIMMING, PE?		YES/NO IF YES, PLEASE GIVE DETAILS:	
HAS YOUR CHILD BEEN VACCINATED AGAINST TETANUS?		YES/NO DATE OF VACCINATION: ___/___/___	
ARE THERE ANY RESTRICTIONS ON ANY PARTICULAR FOOD?		YES/NO. IF YES, PLEASE GIVE DETAILS:	
DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING?			
MIGRAINE	YES/NO	EPILEPSY	YES/NO
DIABETES	YES/NO	SIGHT PROBLEMS	YES/NO
ALLERGIES	YES/NO	HAY FEVER	YES/NO
ANY OTHER PROBLEMS/MEDICAL CONDITIONS (PLEASE GIVE DETAILS BELOW)			
IF THE ANSWER IS YES TO ANY OF THE ABOVE, PLEASE COMPLETE THE FOLLOWING SECTION			
WHAT IS THE NORMAL TREATMENT?			
WILL MEDICATION BE NEEDED IN SCHOOL?			
WHO SHOULD BE CONTACTED IF ILLNESS OCCURS?			
ANY OTHER RELEVANT INFORMATION?			
This information will be entered onto our student management system, Arbor. This information will be used/consulted by your child's class teacher and teaching assistance to alert them to your child's needs. This information will be shared as described in the school's SDBE GDPR Privacy Notice Primary 2018 where applicable.			