



The Royal School

Wolverhampton

## Medical, Dietary and Health information

Child's Name:

Date of Birth:

### Medical Practice

Practice/Doctor Name:

NHS Number:

Address:

Postcode:

Telephone:

### Medical Information

Please include any medical conditions, allergies, dental or physical information below.

Please circle:

Does your child have an epi-pen?

Yes

No

Does your child have an inhaler?

Yes

No

**If yes, please ensure that the medication is handed in to the Primary School Office on the first day of your child's admission. An additional form will need to be completed to give staff permission to administer the medication during the school day. Please ensure that you have an up to date set of medication that can be left in school.**

### Visual and auditory information (Please circle)

Does the student wear glasses?

Reading only

Distance only

Both

Does the student have any hearing loss?

Right ear

Left ear

Both ears

Further information:

**Dietary requirements**

Please list all dietary requirements below.

**Additional information**

Please share any further details regarding your child's medical, dietary and health information that will allow us to offer the best care we can for your child.

Is the student attending hospital on a regular basis?

Yes

No

If yes, please give details:

Is the student receiving any medical treatment?

Yes

No

If yes, please give details:

In an emergency the school will always try to contact all persons with parental responsibility for the student. However, if the school cannot make contact, do you authorise a member of staff to give permission to a doctor to undertake whatever emergency treatment is considered necessary for the student? (Please tick).

Yes ☐

No ☐

Signed

Print name

Relationship to student

Date