**Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL QUESTIONNAIRE**

|  |  |
| --- | --- |
| Any medical issue (i.e. allergy, asthma...) has to be compulsory supported by a medical evidence provided by a doctor and sent to school. Without this proof, the school will not take any specific measures requested by parents. When receiving the questionnaire, The school will contact the concerned families shortly before the school starts, to discuss the required arrangements to be implemented. Thank you. | |
| Child's weight in kg: |  |
| Child's height in cm: |  |
| **Allergies**  The school will do its best in order to make the school a safe place for your child. The school though will not implement any specific provision regarding the allergies and/or intolerance in the absence of a medical certificate stating the condition of the child. | |
| Please state below your child's allergy/intolerance: | |
| Has your child been given a specific treatment when having an allergy reaction, please provide details of what to do? | |
| **Dealing with your child's health at school**  All the information collected below is kept confidential at all times. We kindly ask parents to inform us of any significant change or update so that the school can deal with your child's health in the safest and most efficient manner. Thank you. | |
| GP: please provide the name, address and contact details of your GP: | |
| In case of temperature/pain, do you authorise the school to give your child (select when appropriate)(checking a box gives digital signature):   * Paracetamol * Ibuprofen * Neither | |
| In case of cuts/ graze, do you authorise the school to give your child (select when appropriate)(checking a box gives digital signature):   * Boots Antiseptic wound wash spray * Germolene cream * Add other * Add option or add “other” | |
| In case of bumps/ bruises, do you authorise the school to give your child (select when appropriate)(checking this box gives digital signature):   * Arnicare * No | |
| If unsuccessful when trying to get in touch with you and your emergency contacts, do you authorise the school to take your child to the hospital (checking this box gives digital signature)?   * Yes   If yes, to which hospital:  The school can't be responsible if emergency services order the dispatching of your child to another hospital. | |
| Do you authorise the school to take all necessary steps for urgent surgery or hospital admission (checking this box gives digital signature):   * Yes * No | |
| **Vaccinations (select & fill in when appropriate):**  Parents are asked to provide a copy of their child's immunisation record. | |
| Meningococcal C:   * Yes * No | |
| Diphtheria:   * Yes * No | |
| Whooping cough:   * Yes * No | |
| Yellow fever:   * Yes * No | |
| Pre-school booster:   * Yes * No | |
| Tetanus:   * Yes * No | |
| HIB:   * Yes * No | |
| MMR:   * Yes * No | |
| Typhoid:   * Yes * No | |
| BCG:   * Yes * No | |
| Hepatitis A:   * Yes * No | |
| Hepatitis B:   * Yes * No | |
| Rabies:   * Yes * No | |
| Polio:   * Yes * No | |
| Other (please detail): | |
| Has your child had (select if YES):   * Measles * Mumps * German measles * Scarlet fever * Chicken pox * Otitis * Pertussis * Diphtheria * Typhoid * N/A | |
| Does your child wear glasses?   * Yes * No * To read only | |
| Dietary requirement  Do you need the vegetarian option for your child? (checking this box gives digital signature) NB: Meals do not contain any pork meat.   * Yes * No | |
| **MISCELLANEOUS COMPULSORY CONSENT**  Please fill in when appropriate: | |
| Playground outings  The school has a playground at OG and CG; however children are regularly escorted and supervised by adults to the Kensington Memorial Park or the Forest School. I have read, understood and agreed that my child will have supervised playtime in a public space (checking this box gives digital signature).   * Yes | |
| Class outings in the area  Your child may participate in some class outings led by the teachers, to the local library, for a PE session in the various parks around the school for example. I have read, understood and agreed that my child is having supervised lesson time in a public space (checking this box gives digital signature).   * Yes | |

|  |
| --- |
| Consent for photography and images   * Yes * No |
| School blog and app: password and restricted use   * Yes |