



# FEARNHILL SCHOOL

## Health Questionnaire

Students' confidentiality is protected as detailed in the School's privacy notices.

Please complete the questions below:

Student Name: \_\_\_\_\_ Form: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_\_

Gender: Male  Female

Medical diagnosis or condition

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Does medication need to be administered during school hours

Yes/No

*If yes please complete the attached "Request for School to Administer Medication Form" and return to the School office.*

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container nor make changes to prescribed dosages on parental instruction.

Any additional information

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Name of GP:

Name of Surgery:

Address:

Tel No:

Clinic/Hospital Name:

Clinic/Hospital Address:

Tel No:

Would you be willing to attend a meeting in the development of your child's individual health care plan

Yes/No

Thank you for completing this questionnaire.

The school will be in contact with regards to processing an Individual Health Care Plan if required.

Signed: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_

**\* Does your child 'care' for another member of your family who needs extra support?**

If so, please give the following details:

Member of family requiring support i.e. younger brother
Nature of support:

*\* If you would prefer to discuss this privately, please contact Mrs V Burgess on 01462 621200*

Thank you for completing this questionnaire.

Signed: \_\_\_\_\_ (Parent/Carer)      Date: \_\_\_\_\_