**BROOKLAND JUNIOR SCHOOL MEDICAL RECORD** 

**PLEASE USE BLOCK CAPITALS** Class …………………

Child’s Name…………………………… Date of Birth …………

Address………………………….......................

Tel No Home…………....Work………….……Mobile……….............

Surgery: …………….………………………………….. G.P’s Name: ……………………………………….

Address: ………………………………………………………………….….. Tel: ………………………………….

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**Medical Information**

Does your child suffer from **Asthma?** **Yes** (If yes please discuss a Health Care Plan with Mrs Lake)

**NO** 

If your child has mediation for his/her asthma, please give details..........

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Does your child suffer from eczema? **YES** 

**NO** 

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**Does your child have any allergies (including bee/wasp stings, plasters)?** If so please give details of the allergy and any medication needed.……

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Does your child suffer from any **medical/long term health conditions?** If yes enter details, including treatment and names of any specialists on this form. Please discuss a Health Care Plan with Mrs Lake by calling the school or emailing [welfare@brooklandjnr.barnetmail.net](mailto:welfare@brooklandjnr.barnetmail.net) ………………

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ Do you give the school permission to administer CALPOL should your child need it? Yes  No 

(You will be notified if the school should need to do this)

Does your child suffer from travel sickness? Yes  No  don’t know 

Does your child have any hearing problems? If so please give details………………………..

Does your child have any eyesight problems? If so please give details……………………....

Has your child been immunised against tetanus? If so please give date ……………….........

Is there anything else you think we should know? ………………….................

Does your child require any medication that may affect his/her schooling (e.g. Concentration)? Please give details

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Does your child require medication during the day that will need to be held by the school? Please give details

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Your child’s medical information may need to be available and shared with staff members within the school on a need to know basis.

I understand my child’s photo may be on view in the medical room, staffroom and inside the kitchen area to ensure all staff are aware of their needs. 

*Please note that the school cannot give your child any medication other than calpol unless it has been prescribed by a doctor; this must be in its original packaging, labelled with the child’s name. You have to obtain a form from the medical room to give your consent for the school to administer the prescribed medicine*.

*(****Please do not send in medication with your child, even with a note, as this is not sufficient and we will not be able to give your child their medication.)***

Signature of parent ……………………….. Date ………………

**All data provided will be stored and processed in accordance with our GDPR Data Protection Policy. See privacy notice for more information.**

Please email back to: [admission@brooklandjnr.barnetmail.net](mailto:admission@brooklandjnr.barnetmail.net)