



PUPILS MEDICAL INFORMATION SHEET

Please complete pupils name, any medical complaints and sign and return form to the medical room.

If no medical complaints or allergies - please state NIL

Name.....Form.....

Medical Complaint.....

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Allergies.....

Please give details of any medicine your child takes. You may attach copies of the prescription and any instructions you have been given if that would be helpful.

Name or type of medicine:

Does your child need to take this medicine in school time? YES / NO

If yes, at what time is the medication taken?

If your child needs to take essential medicines in school you will need to complete a 'Parental Agreement for School to Administer Medicine' form. This is available from the medical room, or from the school website. (www.bassaleg.newport.sch.uk)

Are there any other factors regarding your child's **health and wellbeing, that has an effect on their learning or ability to work** that we should be aware of, including difficulty with:-

- Mobility YES / NO
- Vision YES / NO
- Hearing YES / NO

If you have answered yes to any of the above, or you feel that there is anything else we should be aware of, please give details below.

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Signature of Parent/Guardian:..... Date :

Bassaleg School is committed to improving our communication to you as parents. If we can help in anyway with our communication to you, or if you have a preferred method of contact please let us know. We will do our best to assist you.