

PUPIL MEDICAL INFORMATION FORM

(Please return the signed form to the Prep School Office as soon as possible)

Child's Name Class.....

ASTHMA INFORMATION

Does your child suffer from asthma? YES/NO

(If NO please go to next box)

My child is medicated YES/NO

My child only needs their medicine at home YES/NO

My child keeps their inhaler on his/her person at all times YES/NO

My child keeps their inhaler in the Prep School Office YES/NO

Types of asthma treatment to be used at school:	Preventer	YES/NO
	Reliever	YES/NO

Name of Medication.....

Dosage.....

Does your child need help to take their medication? YES/NO

What are your child's asthma triggers?.....
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Does your child need to take asthma medication before exercise or play? YES/NO

ALLERGY INFORMATION

Does your child suffer from any allergies YES/NO

(If NO please go to next box)

If YES, please give details of triggers and treatment, if any, required.....
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OTHER MEDICAL INFORMATION

Does your child suffer from any other medical conditions YES/NO

(If YES, please give details below and treatment, if any, required)

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Signed.....Parent/Guardian Date.....

Please return the completed and signed form to school even if your child does not suffer from any medical conditions