



Medical Information Form:

Child's Name: _____

1. Does your child suffer from any of the following conditions? Please **circle** the relevant information and provide information, where requested.

| | | | |
|----------|--------|--|-------------------------|
| Asthma | Yes/No | If yes, do they use an inhaler? | Yes/No |
| Diabetes | Yes/No | If yes, are they insulin or diet controlled? | Insulin/Diet Controlled |
| Epilepsy | Yes/No | If yes, are they taking medication? | Yes/No |

What medication? _____

Date of last seizure: _____

Allergies Yes/No If yes, what are they allergic to? _____

Do they use anti-histamines? E.g. Piriton _____

Do they carry Adrenaline? E.g. EPIPEN _____

2. Is your child classed as clinically vulnerably – in line with the Government guidelines Yes/No
3. Is your child classed as extremely clinically vulnerable Yes/No
4. Does your child live with a family member who is clinically vulnerable Yes/No
5. Are there any other medication conditions which you feel the school should know about?

Signed: _____

Parent/Carer

Date: _____

Colmers School & Sixth Form College is committed to protecting the privacy and security of personal information. This privacy notice describes how we collect and use personal information about pupils and families in accordance with the General Data Protection Regulation (GDPR), section 537A of the Education Act 1996 and section 83 of the Children Act 1989.

Colmers School & Sixth Form College is the "data controller" which means that we are responsible for deciding how we hold and use personal information about pupils and families.

Please refer to our full privacy notice for more information