

HEALTH REVIEW QUESTIONNAIRE

Please complete and return this questionnaire to Wood Green School. This information is confidential and will be shared only with the school.

Secondary School:	WOOD GREEN SCHOOL		
Child's Surname:	Child's First Name:	Date of Birth:	Male/Female/Transgender
Parent/Carer's Names:			
Home Address:		Contact telephone numbers:	
Postcode:			
Email:			
GP Name and Address:		NHS Number (if known):	
<p>Medical Conditions: Please indicate below if your child has any of the following medical conditions or difficulties. If your answer is YES, please give details of any medication required and which health professionals help manage your child's condition e.g. Hospital team, GP or other service. Please provide details if their condition may affect their participation in school activities, e.g. Sports and swimming.</p>			
	YES	Please give details – medications required/ managed by hospital or GP/if this may affect school activities.	
Asthma			
Diabetes			
Epilepsy			
Serious allergies			
Does this require Adrenaline in school (Epipen/Jext?)			

	YES	Please give details – medications required/ managed by hospital or GP/if this may affect school activities.
Skin condition		
Bladder or bowel problems		
Mobility		
Sensory or attention deficient disorders (ADHD)		
Hearing		
Speech		
Vision <ul style="list-style-type: none"> • Wears glasses in general • Wears glasses for reading 		
Other medical conditions		

Will your son/daughter need medication during school hours?

YES – details	NO
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All forms will be screened by the school health nurse and, where appropriate, followed up by a school staff member or the school health nurse.

You are also welcome to contact the school health nurse to discuss your son/daughter's health review within the first term of your child starting school. Please use the contact number / email provided.

Thank you for completing this form.