

YES/NO

If yes please explain below



Learning Knows No Bounds

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their condition. Could you please complete this questionnaire below and return it to school as soon as possible so we are able to assess your child's needs and make arrangements to support them. In order to ensure that any medical needs are met in school we will need to discuss your child's health with School Nursing team and you will be asked to attend a meeting in school.

Name Date	e of Birth
lome address	
Does your child have a medical condition?	
YES/NO	
If yes please explain below	
Does your child have a medical condition that	t requires management during the day?
VEC/NO	
YES/NO If yes please explain below	
ii yes picase explain below	
Does your child need to take medication duri	ing the day?

Does your child have a he	th care plan?	
YES/NO		
If yes please explain below	and give a copy to school	
	to the best of my knowledge, accurate at the time of writing and I scuss this information with the School Nursing service or other helved in my child's care.	
Signature(s)	Print Name	