**KEXBOROUGH PRIMARY SCHOOL**
**MEDICAL INFORMATION COLLECTION FORM**

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|---|---|---|---|
| Child's name | | Date of Birth: | |

**Details of person completing this form**

| | | |
|---|---|---|
| Full name | | |
| Relationship to the child: | | Parental responsibility? Yes /No |
| Home address:<br><br>Post Code: | | |
| Is the child resident at this address? Yes / No (delete as applicable) | | |
| Home telephone: | Mobile: | Day / Work Telephone: |

**Medical Information**

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|---|---|
| Doctors | |
| Doctors address | |
| Doctors phone No. | |

**Medical Conditions**

Does your child have any medical conditions which school needs to know about. If so please provide brief details.

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Does your child take any medication? Yes / No (delete as applicable)
If yes, please list the medication(s) and confirm whether it / they will need to be administered in school hours:

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Does your child use an inhaler? Yes / No (delete as applicable)
If yes, will it need to be used in school hours? Yes / No (delete as applicable)

Does your child have any food allergies / dietary needs? Yes / No (delete as applicable)
If yes, please detail below

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|---|
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**Medical diagnosis / ongoing investigation (if relevant)**

I have provided school a copy of correspondence relating to my child ☐

I have not provided school a copy of correspondence relating to my child ☐

*I/We consent to the school (through the head as the person responsible) obtaining, using, holding and disclosing "Personal data" including "sensitive personal data" (such as medical information), for the purposes of safeguarding and promoting the welfare of our child, and where necessary, for the legitimate interests of the School and ensuring that all relevant legal obligations of the school and ourselves are complied with. I/ We give my/our consent to such processing and disclosure provided that at all times any processing or disclosure of personal data or sensitive personal data is done lawfully and fairly in accordance with the Data Protection Act 1998*.

Signature …… Date ……