



# Raglan Primary School

## Medical / Allergies / Food Avoidance Questionnaire

Pupil's Name *(please print)* \_\_\_\_\_

Parent/Guardian Name *(please print)* \_\_\_\_\_

Telephone No / Mobile No. \_\_\_\_\_

Name and address of Family Doctor \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Does your child suffer from any known medical conditions? If so, please give details: **(You will be asked to fill in an Individual Health Care plan)**

\_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any known allergies? (e.g. food, insect bites, materials etc.) If so, please give details:

\_\_\_\_\_

*Do you have drugs or medication that has been prescribed for any of the above and if so please indicate what it is? (Please note you will be required to come in and complete a 'Permission to Administer Prescribed Medicine' form allowing us to administer emergency medication)*

\_\_\_\_\_

*Food allergies – please be very specific. For the safety of your child we need to know exactly what your child may or may not have. If you consider it serious enough to put onto the form, we need precise details of the allergy. It is not adequate, for example, to put 'dairy produce'. We would need to know exactly what food the child can have. Please write on the back of this form if needed.*

\_\_\_\_\_

Are there any foods your child must avoid because of cultural or religious beliefs?

Please give details: \_\_\_\_\_

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

**PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER IF YOU NEED TO PROVIDE ADDITIONAL DETAILS.**