Raglan Primary School

Medical, Asthma, Allergy and Dietary Questionnaire

Pupil Details

Pupil's Name_____ **Class:**_____

Parent/Guardian Name_____

Telephone No/Mobile No._____

Name and address of Family Doctor_____

_____

Telephone No._____

Medical Conditions

Does your child suffer from any known medical conditions? If so, please give the name of the condition and symptoms.

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_____

_____

_____

Does your child need to be administered a medication for the condition? Is there any specific care requirements for your child's condition?

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_____

Asthma/Viral Wheeze

Does your child suffer with asthma? Or have a viral wheeze – Please indicate

☐ **Asthma** ☐ **Viral Wheeze**

Does your child need an inhaler at school for their condition?

☐ **Yes** ☐ **No**

Can you tell us the name of the medication, dosage and any advice for use (e.g. salbutamol inhaler, 4 puffs, when needed)

_____

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Allergies and Food Intolerance

Does your child have an: ☐ **Allergy** (food, insects, materials etc) ☐ **Food Intolerance**

If so, please detail below what they are allergic to, please be as specific as you can.

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_____

_____

Can you detail what happens if they come into contact with the allergen or food? (e.g. swelling of face, anaphylaxis)

_____

_____

_____

Does your child need medication to treat their allergy or intolerance e.g. Epipen, antihistamine?

☐ **Yes** ☐ **No**

If yes, can you tell us the name, dosage and any advice for use?

_____

_____

_____

Dietary

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

Please give details:_____

Signed _____ **(Parent/Guardian)** **Date** _____

School use only-

Need to create an IHCP ☐