WELLINGTON PRIMARY SCHOOL



Dear Parents,

It is school policy that you notify us of your child's health problems. With the increase of asthma, allergies etc, it is vital that the relevant staff are aware of your child's needs so that appropriate action can be taken.

We would request that <u>all</u> parents fill in the form below and return it to the school in an envelope addressed to "Welfare Staff" marked "confidential."

If you answer yes to any questions you may be invited to come in and talk to a member of the welfare staff so that we have accurate and up to date information regarding your child's needs.

All information will be treated as strictly confidential. Thank you for your help.

Under the General Data Protection Regulation we are collecting this data so that the school, as a public authority, can carry out its official functions. This data will be shared in accordance with our Privacy Notice.

Yours sincerely, D Norton Headteacher **Wellington Primary School, Medical Questionnaire** CONFIDENTIAL Child's Name: Class: Date of Birth: Does your child have any medical conditions that require regular medication/medical check ups? YES NO Is your child prone to having frequent episodes of fainting/blackouts/fits (convulsions)? **YES** NO Is your child allergic to anything e.g. penicillin/nuts/bee stings/plants/animals etc? YES NO Are there any other previous or current conditions that the welfare staff should be aware of? e.g. asthma/eczema/serious injury/accident/operations, etc. **YES** NO If the answer is "yes" to any of the above please give details. Signed: Date:

Relationship to child: