

Braes High School

Medical Information

Braes High School Medical Information Please complete and return to Form teacher as soon as possible, with all relevant information to ensure we are up to date with your child's current medical condition. This will help us provide the best care and attention for your child during school time.

Pupil Name: _____ Date of Birth: _____ Class _____

Address _____

First Contact Name and Number _____

Second Contact Name and Number _____

Does your child have a medical condition or allergies?

Yes

☐

No

☐

- If yes, please see attached Medical Conditions List
- Please tick all relevant medical conditions under column A
- Then under column B number those medical conditions in order of their severity, 1 being the most severe condition your child has

Details of Medication/Action required for condition. (A further form will need to be completed to allow a member of staff to administer the medication).

We are keen to support pupils who may have a responsibility for caring for another member of their family. Please tick appropriate box.

Does your child take on any caring duties in the home?

Yes

☐

No

☐

Parent/Carer Signature _____ Date _____

Relationship to pupil _____