



**Headteacher:** Jessica Finer MA

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## HEALTH RECORD SHEET

Name of Child: \_\_\_\_\_

DOB: \_\_\_\_\_ Class: \_\_\_\_\_

**Please provide details of any medical conditions and/or allergies\***

**\* Please note that you will need to provide medical evidence confirming any allergies**

### Medication

***Please provide details of any medication your child is taking and the frequency at which it is taken***

*(Note: medication may only be brought into school with prior written permission from the Headteacher)*

### Asthma

Does your child suffer from asthma? YES/NO

Does your child have an inhaler in school? YES/NO

Can your child use their inhaler independently? YES/NO

*Parents are reminded that it is their responsibility to inform the school of any changes to the medical condition of their child and to ensure that any medication held by the school is in date.*

### Parental Declaration

*I confirm that the information above is complete and accurate*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_