



Queens Drive Kids Club Medical Needs Form 2021-2022

It is important that you make us aware as soon as possible of any medical needs or requirements that your child may have in order for us to make sure that we have any necessary provision in place before they start with us.

Childs Name:	Date of Birth:
Address:	
GP Name & Address:	
Telephone Number:	

Does your child have any of the following? Please provide as much information as possible, include details of prescribed medicines or other requirements to control their condition.

Allergies	Details:	Vision Difficulties	Details:
Yes/No		Yes/No	
Asthma	Inhaler needed? Yes/No Details:	Speech Difficulties	Details:
Yes/No		Yes/No	
Epilepsy or Fits	Details:	Hearing Difficulties	Details:
Yes/No		Yes/No	
Diabetes	Details:	Mobility Difficulties	Details:
Yes/No		Yes/No	
Eczema	Details:	Multiple Sclerosis	Details:
Yes/No		Yes/No	
Heart Problems	Details:	Tuberculosis	Details:
Yes/No		Yes/No	
Arthritis	Details:	Hypothyroidism	Details:
Yes/No		Yes/No	

Do you feel that your child has any other condition(s) which may affect school life or require support?

Do you observe any cultural or religious procedures that you feel we should be aware of?

Is there anything else you would like to make us aware of? Please continue on the reverse of the sheet if necessary.

In some cases, based on the information we receive we may need to put a medical needs care plan in place. This will be done in partnership with parents/carers, school staff and school nurses wherever possible.

Signature of parent/carers _____ Date _____

Printed Name _____