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| **Pupil Medical Form** |
| Name of Pupil: |
| Does the pupil have any food allergies or intolerances? If please list below… |
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| Does the child use an Epi-Pen? If so, what is the Epi-Pen for? |
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| Does the Pupil have any drug or medicine allergies? If so, please list below… |
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| Does the pupil have any seasonal or environmental allergies? If so, please list below… |
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| Does the pupil have any prescribed medicine or drugs? (Please list below with instructions of use) |
| Should your child require emergency treatment/ help, so you give permission for our qualified first aide to assist your child whilst emergency services are on route to the school*I give/ don’t give permission* |
| Has the pupil had any significant medical injuries, operations or illnesses in the past six months that could possibly be a disadvantage to their education at Colours Academy? If so, please list below… |
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| Any Other Comments: |
| Parent name: Signature: Date: |