

**SHIRLEY HIGH SCHOOL PERFORMING ARTS COLLEGE**

**STUDENT MEDICAL INFORMATION**

It is essential that you complete this form to ensure the health and safety of your child.

**Student's Name:** \_\_\_\_\_ **Tutor Group (if known)** \_\_\_\_\_

Please indicate if your son/daughter suffers from any of the following medical conditions.  
**Please provide medical evidence from your medical professional where possible to support the information provided.**

Has your child's attendance been affected by any of the illnesses recorded below in the last 12 months?

If so, please provide details: .....

	YES	NO	Medication / Treatment etc.		
<b>Vision Difficulties Inc. colour blindness</b>			Wears glasses: For board work (B) For close work (C) All the time (X)	Please indicate B, C or X	
<b>Colour Blindness</b>					
<b>Hearing Difficulties</b>					
<b>Speech Difficulties</b>					
<b>Diabetes</b>					
<b>Epilepsy</b>					
<b>Sickle Cell</b>					
<b>Asthma</b>					
<b>Allergies (please specify e.g. Nuts, Hay Fever, Eggs, etc.)</b>			<b>Does your child carry an Epi-Pen:</b> Yes / No (delete as appropriate)		
<b>Other</b>					

**Please note, students must not carry medication other than asthma pumps/EpiPens.** All medicines **MUST** be left with the First Aider in the Medical Room, where they will be securely locked in a cabinet. Please ensure they are clearly marked with student's name / tutor group. If you have any queries concerning the above, or wish to discuss a particular medical problem, please contact your son's / daughter's Head of Year. When information needs updating, your child should collect a new form from the General Office. Thank you.

Signature of Parent / Carer ..... Dated .....