



SHIRLEY HIGH SCHOOL PERFORMING ARTS COLLEGE

Our Vision:

To develop aspirational learners who strive for excellence academically, creatively and culturally, benefitting from a wide range of opportunities led by inspirational educators.

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

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