



ELLESMERE COLLEGE MEDICAL QUESTIONNAIRE

Child's Name ..... DOB ..... Year Group .....

|    | <b>Problem</b>   | <b>Yes / No</b> | <b>If yes, please give details / additional information</b>    |
|----|--|-----------------|--|
| 1. | Does your child suffer from any serious medical condition?                     | Yes / No        |  |
| 2. | Is your child asthmatic?   | Yes / No        | If yes do they carry an inhaler to school?<br>Name of inhaler: |
| 3. | Does your child have any allergies?  | Yes / No        | Please list all:   |
| 4. | Do they carry antihistamines or an EpiPen to school?                           | Yes / No        |  |
| 5. | Does your child take any regular medication?                                   | Yes / No        |  |
| 6. | Has your child sustained any fractures or had any operations in the past year? | Yes / No        |  |
| 6. | Current height   |                 | cms  |
| 7. | Current weight   |                 | kgs  |
| 8. | Any further health information you would like us to be aware about?            | Yes / No        |  |

Please return to [sisters@ellesmere.com](mailto:sisters@ellesmere.com) by the 1<sup>st</sup> September 2019