Rivers Academy West London
an Aspirations Academy

STUDENT MEDICAL QUESTIONAIRE

PLEASE PRINT CLEARLY AND RETURN TO THE ACADEMY AS SOON AS POSSIBLE.

STUDENTS FULL NAME		**DATE OF BIRTH**	

MEDICAL QUESTIONAIRE – The Welfare Assistant will follow up with you regarding any conditions mentioned.		**CONDITION –** Please provide a one word answer.
Does your child have a medical condition/ health concern?	**Yes** ☐ **No** ☐	
Does your medical condition / health concern affect their attendance or participation at school?	**Yes** ☐ **No** ☐	
Does your child have a medical condition/health concern that needs to be managed during the academy day?	**Yes** ☐ **No** ☐	
Does your child take prescribed medication during the academy day?	**Yes** ☐ **No** ☐	
Does your child have a current/existing Individual healthcare plan also known as an IHP?	**Yes** ☐ **No** ☐	***If Yes Please Attach A Copy***
Does your child have an allergy?	**Yes** ☐ **No** ☐	
Does your child have any hearing or visual impairments?	**Yes** ☐ **No** ☐	
Does your child have any special dietary requirements?	**Yes** ☐ **No** ☐	

MEDICAL TREATMENT CONSENT I agree to members of staff providing medical treatment and first aid to my child if required.	**Yes** ☐ **No** ☐

PARACETEMOL CONSENT If your child comes to the medical room to request Paracetamol (Acute Pain Relief), do you agree to the school providing this? The pain relief given is **Paracetamol 500mg Caplets**	**Yes** ☐ **No** ☐

GP DETAILS

Name: Telephone:

Address:

THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AT THE TIME OF COMPLETING.

PRINT: ..... SIGN: ..... DATE: .....

Please remember to inform the Academy if there are any changes in your child's treatment or condition.
Thank You

Ofsted Good Provider

FOR ACADEMY WELFARE OFFICE USE	TICK ONE	DATE	STAFF CODE
Input on to SIMS	**Yes** ☐ **No** ☐		
Current IHP	**Yes** ☐ **No** ☐		
Parent / Carer Contacted to discuss current IHP	**Yes** ☐ **No** ☐		
Is a new IHP required	**Yes** ☐ **No** ☐		

ANY FURTHER CORRESPONDENCE/DETAILS OR NOTES: