**Landau Forte College Medical Form**

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| **Students Name** |  |
| **Parent/Carer One** |  |
| Name |  |
| Relationship |  |
| Mobile Number  |  |
| Work Number |  |
| Home Number |  |
| **Parent/Carer Two** |  |
| Name |  |
| Relationship |  |
| Mobile Number  |  |
| Work Number |  |
| Home Number |  |

|  |  |
| --- | --- |
| Doctors Surgery |  |
| Doctors Name |  |
| Contact Number  |  |
| Address  |  |

**Please state any current medical illness**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Tick** |  | **Tick** |  | **Tick** |
| Asthma – Prescribed inhaler  |  | Issue with bladder  |  | ADHD |  |
| Diabetes |  | Constipation  |  | ASD |  |
| Epilepsy |  | Issue with heart  |  | Issue with muscles |  |
| Food Intolerance  |  | Issue with spine/back |  | Hearing – Hearing aid |  |
| Allergies |  | Migraine  |  | Eczema  |  |
| Allergies – Prescribed EPIPEN |  | Issue with anxiety |  |  |  |
| Allergies – Seasonal |  | Issue with vision  |  | Other  |  |

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| **Does your child have an assigned Nurse/Specialist?**  |
| Organisation |  |
| Name  |  |
| Mobile Number  |  |
| Email |  |

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| **Please give more detail if you ticked any of the above –** |
| **Please state any long term medication being taken –**  |
| **Any other medical information that we should be aware of?** |