



St Oliver's Special School

Medical Background Details

Child's Name: _____

Date of Birth: _____

Doctors Name: _____

Phone No: _____

Medical Card No: _____

Details of Child's Medical Condition/Diagnosis:

Is child on any prescribed medication?

Yes ____ No ____

If Yes please list: _____

***NB: If child requires medication to be administered at or during school times please fill in the Administration of Medications Indemnity Form. A Doctor's letter detailing the prescription/medication will also have to be provided.**

Does your child have any medication allergies?

Yes ____ No ____

If Yes please list: _____

Permission for swimming?

Yes ____ No ____

Permission for examining hair if necessary?

Yes ____ No ____

Vaccination/Immunisation Record:

Has child been immunised against the following:

- | | |
|---------------------------------|------------------|
| • Diphtheria | Yes ____ No ____ |
| • Whooping Cough | Yes ____ No ____ |
| • MMR - Measles, Mumps, Rubella | Yes ____ No ____ |
| • Tetanus | Yes ____ No ____ |
| • BCG - Tuberculosis | Yes ____ No ____ |

***Please provide the school with a copy of your child's immunisation records.**

Has child had any of the following diseases?

- | | |
|------------------|------------------|
| • Chicken Pox | Yes ____ No ____ |
| • Measles | Yes ____ No ____ |
| • German Measles | Yes ____ No ____ |

- Whooping Cough Yes ____ No ____
- Any form of TB Yes ____ No ____

Has child had E.E.G. Examination for seizures? Yes ____ No ____

Has child had E.C.G. Examination for Heart? Yes ____ No ____

Does child wear glasses? Yes ____ No ____

Has child attended the Ear, Nose & Throat Clinic? Yes ____ No ____

Does child attend APOS? Yes ____ No ____

Does child attend a Dietician? Yes ____ No ____

Does child need help with toileting? Yes ____ No ____

If Yes please give details: _____

Has child started menstruating? Yes ____ No ____

Do all foods agree with child? Yes ____ No ____

Any Allergies school should be aware of? Yes ____ No ____

If Yes please give details: _____

Has child ever been hospitalised? Yes ____ No ____

If Yes please give details: _____

Any recent illnesses? Yes ____ No ____

Please list any other Medical Personnel involved with child (paediatrics, dietician, vaccination team):

Is there any specific medical issues that you would like to discuss with the school?

In the event of a medical emergency and if the school cannot contact you immediately does the school have permission to bring child to the nearest Doctor/Hospital?

Yes ____ No ____

Please sign below:

Parent/Guardian

Date: _____