

# Aldersbrook Primary School

Headteacher:  
Mrs. M. Mann



## General Medical Questionnaire

Dear Parents/ Carers,

I would be grateful if you could fill in the medical questionnaire below and return it to the school office.

If any of the questions do not affect you please write 'n/a' under each heading and return as above.

**Name of child:**

**Class:**

**Please list below any medical conditions that affect your child (please include any allergies):**

**Please list below any medication that your child is required to take:**

**Is this medication required in school?    Please give details:**

**Does your child suffer from any food intolerances that the school should know about? If yes please give details:**