**RAYNSFORD CHURCH OF ENGLAND ACADEMY**

# MEDICAL AND DIETARY NEEDS QUESTIONNAIRE

Please complete the questionnaire below and return it to the school office asap. Even if your child has no medical conditions or dietary needs, please still return the form as a nil return.

**CHILD'S NAME**: …… **CLASS**: ……

| MEDICAL | TICK YES | DETAILS/TREATMENT |
|---|---|---|
| Anaphylactic - *A care plan will need to be completed.* | | |
| **Allergies** (other than dietary e.g. penicillin, plasters etc) | | |
| **Asthma**<br>*If your child has Asthma please ask for a Care Plan from the school office.* | | *Including Triggers* |
| **ASTHMA INHALERS:** It is important to ensure your child has a named inhaler and named spacer in school at all times and the appropriate Care Plan completed. | | |
| **Other Conditions** – please give details ie. hearing, eye sight etc. | | *Continue over leaf if necessary (will contact you for detailed information if required)* |

| DIETARY | TICK YES | DETAILS/TREATMENT |
|---|---|---|
| **Food Allergies**<br>*An additional form will need to be completed and signed off by your doctor for the kitchen.* | | |
| **Vegetarian** | | |
| **Vegan** | | |
| Additional Dietary Requirements (other than allergies)<br>*Will require medical evidence.* | | |

| I confirm that my child has no medical or dietary needs | Tick |
|---|---|
| | |

Parents Name _____ Date: _____

Parent/Carer's Signature: …… Date: ……