



COX GREEN SCHOOL

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STUDENT HEALTH QUESTIONNAIRE (PLEASE COMPLETE AND SIGN BOTH SIDES)

Name of student:	Male/Female
Date of Birth: / /	Year Group:

Address of Student:	
Post Code:	Telephone No:

Does your child now have or have they ever experienced any of the following (tick all that apply):

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Any sustained injuries/illnesses
<input type="checkbox"/> Chest pains	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Family history of heart disease	<input type="checkbox"/> Difficulty with any form of physical exercise
<input type="checkbox"/> Muscular/joint problems	<input type="checkbox"/> Currently taking any medication
<input type="checkbox"/> Asthma or other respiratory problems	<input type="checkbox"/> Severe allergic reaction
<input type="checkbox"/> Migraine/dizziness	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Recent surgeries	

If yes, please provide details:

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Does your child require any medication during the school day?:	YES / NO
If 'yes' is it prescribed or over the counter?:	Prescribed /Over the Counter
Please give further details of the medication and the frequency it is to be taken (you will need to come into school to complete a 'Prescribed' or 'Over The Counter' Medication Form):	
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.....	
Could your child's condition ever require additional or emergency medical attention in school?:	YES / NO
If 'yes' please give further details:	
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Important Information

- Please note that any medication held by the school for students must be in the original container and clearly marked with the student's name.
- Parents must ensure medication is in date.
- Parents must complete and sign the 'Prescribed' or 'Over The Counter' Medication Form and will also need to dispose of medication after a prescribing period is complete. It is the responsibility of the parent/carer to inform the school of any changes to the above information whether temporary or permanent.

I, as the parent/carer of the named student admit to the information given as true and correct and take full responsibility for any incident arising where information has been withheld.

Signed:

Print Name:

Relationship to child:

Date:

Please ensure that you discuss with the Inclusion Manager any special arrangements which need to be made for your child during class time.

