

Medical Questionnaire

We ask that you share with Medical details about your son with the School, so that in a Medical Emergency, we can offer him the best possible care. Our form is rather long, so we offer you the questions in advance to be able to make notes and collect the data that we ask for. Most parents do not need to answer all the questions and we have highlighted in bold the most common questions where a reply is required.

Please submit replies to the Medical Form Link [HERE](#):

Section 1: Pupil Details

1. Pupil First Name
2. Pupil's Surname
3. Pupil's date of birth
4. Pupil Year Group In September 2026 (from drop down list)
5. Pupil's home address
6. Preferred Parent, 1st Emergency contact number
7. Preferred Parent, 2nd Emergency contact number
8. GP Name
9. GP Surgery Name
10. GP Surgery Address
11. GP Surgery Address Post Code
12. GP Surgery Telephone Number

Section 2 Vaccination History (you may need to refer to your Son's GP or your son's Red Book).

13. Date of last Tetanus Diphtheria Polio (TdV) vaccination
14. Date of last Measles, Mumps, Rubella (MMR) vaccination
15. Date of last Bacillus Calmette-Guérin (BCG) vaccination
16. Date of last Meningitis vaccination

17. Date of last HPV vaccination

18. Other vaccination(s)

19. Date of Other vaccination(s)

Section 3: Medical Details: Does your son have any of the following Conditions:

20. Anaphylaxis (yes/no)

21. Trigger Anaphylaxis

22. Asthma (yes/no)

23. Trigger Asthma

24. Cardiac Disorders (yes/no)

25. Treatment Cardiac Disorder

26. Treatment Sickle Cell

27. Haematological Disorders (yes/no)

28. Treatment Haematological Disorders

29. Diabetes (yes/no)

30. Insulin delivery method (drop down menu)

31. Allergies (Non Food) (yes/no)

32. Trigger Allergies (Non Food)

33. Food Allergies (yes/no)

34. Trigger Food Allergies

35. Food Intolerance (yes/no)

36. Trigger Food Intolerance

37. Food Preference (yes/no)

38. Food Preference (from drop down)

39. Seizures (yes/no)

40. Carries Buccal Midazolam
41. Immunosuppressed (yes/no)
42. Vision Condition (other than wears corrective glasses / lenses) (yes/no)
43. Vision Condition details
44. Hearing Condition (yes/no)
45. Hearing Condition Details
46. Migraine Headaches (yes/no)
- 47. Speech Difficulties (yes/no)**
48. Speech Difficulties Details
49. Sleep inducing Medicines
50. Any other medical conditions (yes/no)
51. Other Medical Condition Details
- 52. Permission to Administer Medication (from drop down menu)**
- 53. Permission to Administer Paracetamol**
- 54. Permission to Administer Ibuprofen**
- 55. Permission to Administer Dioralyte**
- 56. Permission to Administer Antacids**
- 57. Medicines - prescription only (email surgery @mtsn.org.uk)**