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| **T:\Admin\Logo files\BFLogBLACK.jpg** | **BROADFIELD ACADEMY** |  |

**General Information Form**

**Child’s name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of previous school/nursery/playgroup \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in family and number of siblings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

It is important that the school have up-to-date information about any medical conditions or allergies your child has, and any medication that they take on a regular basis.

My child has the following **medical condition / severe allergy** (e.g. nuts, fish). Please include any physical limitations that may affect your child in school e.g. hearing loss, impaired vision, decreased mobility). Please also include any allergy to medication (e.g. penicillin) or materials (e.g. plasters).

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**Medication**

My child requires the following medication to be kept in school (e.g. insulin, epipen, anti-histamine etc.)\* *see note below*

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**Asthma**

If your child has asthma, please tick the appropriate box below.

My child requires an inhaler for asthma/allergies and I will provide an inhaler (and spacer if used) for use in school and on school trips. (please ensure that the inhaler is within date)

My child has asthma but does not require an inhaler to be in school or on school trips.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\* The school cannot administer any general medication e.g. painkillers, hayfever tablets etc., unless there is a long-term medical condition and the medication has been prescribed by a doctor or consultant. Antibiotics will be administered if needed.***