



MEDICAL QUESTIONNAIRE

Please complete one for each child that attends St Brigid's Buddies. (Additional copies can be obtained from the school office.)

Full name of child: _____

Year: 20__

Date of Birth: _____

Address: _____

Does your child have allergies?

YES NO

If yes, what causes/triggers your child's allergy? _____

Does your child require any medication?

YES NO

If yes, Please provide details: _____

Does your child have asthma?

YES NO

Does your child have any other known medical conditions that may be necessary to advise?
If yes, please provide details. _____

Name of Parent/Carer: _____

Signature: _____ Date: _____

Thank you for providing this information so we can ensure to plan activities that consider any medical conditions your child may have.

If you require additional copies of this form for other children, please see the St Brigid's Buddies co-ordinators or the school office.