



Strathearn School
188 Belmont Road
Belfast
BT4 2AU

Form M1

MEDICAL INFORMATION FORM

To be completed upon admission to the School.

PUPIL DETAILS

Legal Forename:			
Legal Surname:			
Preferred Forename:			
Preferred Surname:			
Date of Birth:	/	/	
Street Address:			
Town/City:		Postcode:	

PUPIL'S MEDICAL DETAILS

Does your daughter suffer from any of the following? (tick all that apply)

Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
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If you have ticked any of the above, please provide details including medication required:

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For parents of pupils who suffer from **asthma**:

- ✓ We would prefer that the School is provided with an extra inhaler as backup
- ✓ An additional consent form for the administration of an emergency Salbutamol inhaler needs to be completed (**Form M3**).

PUPIL'S MEDICAL DETAILS

Does your daughter have any other medical conditions we should be aware of, for example, migraines, eczema?

Yes

No

If yes, please provide details;

Parental signature:

Date:

Thank you for your co-operation.

Please complete and return in a sealed envelope for the attention of the
School Health Nurse