

STEP 2: Medical Details

Howes Primary School

Howes Primary School is a data controller. We collect your data and your child's data in accordance with the General Data Protection Regulation 2016 and domestic data protection legislation. We process parents/guardian and pupil information for the purpose of fulfilling a legal obligation and in order to educate and safeguard the pupils in our care. Where appropriate, we may ask for your consent to process information. Our privacy notice outlines what information we collect, why we collect it, where we collect it from, where it is shared, how long it is stored and your rights as an individual. Please read our privacy notice before completing this form. The privacy notice, data protection policy and record retention schedule can be found on the school's website.

Parents/guardians are urged to contact the school as soon as possible if any of the information provided changes over the course of the academic year.

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|---|--|---|---|
| Name of child: | | | |
| Address: | | | |
| Phone number: | | Date of Birth: | |
| Dr. Address and Phone number: | | | |
| Immunisations: (Please tick) | MMR | Tetanus | Meningitis |
| Which infectious diseases has your child had? (Please tick) | Measles Mumps Chicken Pox | Whooping Cough German Measles | Other |
| Allergies to medication: | Other allergies: | | |
| Does your child need glasses? | Yes / No | Reading Whiteboard All the time | Yes / No Yes / No Yes / No |
| Does your child need an inhaler for asthma? | Yes / No | Do they need it in school? | Yes / No |
| Does your child get migraines? | Yes / No | Do they have medication in school? | Yes / No |
| Does your child have a condition that necessitates frequent use of the toilet? | Yes / No | If yes are they being seen by a Doctor for this condition? | Yes / No |
| Has your child any other medical conditions? | | | |
| Is your child being seen by a Doctor/specialist for any of the above conditions? | | | |
| Parent or carer's signature: | | Date: | |

