

MEDICAL INFORMATION

MEDICAL PRACTICE:
DOCTOR:

Tel No:

Medical	Does he/she have any known medical condition?	yes/no
	Does this require attention in school (diet/medication)?	yes/no
	Has he/she ever been admitted to hospital?	yes/no
Sight	Does he/she have a known visual problem?	yes/no
	Does he/she wear glasses?	yes/no
Hearing	Does he/she have hearing problems?	yes/no
	Does he/she have a history of intermittent ear problems	yes/no
Manual	Is he/she left-handed/right-handed/undecided	Left/Right/Undecided
Language	Does he/she have any known speech or language problems?	yes/no (If yes please add details in the box below)
If Yes to language problems:		

Allergies (please list):	
Dietary (please list):	

Social Worker	Yes/No	Name:	Telephone No:
----------------------	---------------	--------------	----------------------

LUNCH

	Mon	Tues	Wed	Thur	Fri
Sandwiches					
Paid For Hot School Dinners					
Free School Meals (please complete application form to see if eligible)*children must bring in a packed lunch until FSM are confirmed					

ETHNIC MONITORING

ETHNIC ORIGIN:	✓	RELIGIOUS AFFILIATIONS:	✓
White - British		Anglican	
White - Irish		Baptist	
White - any other White background		Christian	
Mixed - White & Black Caribbean		Hindu	
Mixed - White & Black African		Jewish	
Mixed - White and Asian		Methodist	
Mixed - any other mixed background		Muslim	
Asian or Asian British - Indian		No Religion	
Asian or Asian British - Pakistani		Roman Catholic	
Asian or Asian British - any other Asian background		Sikh	
Black or Black British - Caribbean		United Reform Church	
Black or Black British - African		Other:	
Black or Black British - any other Black background			
Chinese			
Any other ethnic group:			
Prefer not to answer			

First language - the one mostly used at home:	
Is English an additional language:	
Any Additional languages spoken:	