

CARDINAL NEWMAN CATHOLIC PRIMARY SCHOOL
PUPIL MEDICAL/DISABILITY INFORMATION FORM



CHILD'S NAME _____

Name of Child's Doctor _____

Address of Doctor _____

Telephone Number _____

Does your child have any medical condition or disability*? YES/NO
If YES please give details below.

As far as you are aware, does your child have any known allergies e.g. Food (please specify which food), Medication allergy etc? YES/NO
If YES please give details below

Allergy _____

Symptoms _____

Medication required (if applicable) _____

(N.B. if your child suffers from Asthma as a result, please complete the Asthma Form)

Signed _____ Parent/Guardian Date _____

We ask for your co-operation and help in conjunction with our disability/equality scheme to inform us if a parent or carer has any disability*. This information will be treated sensitively and in confidence.

* Definition of disability: 'a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.'

- 'physical impairment' includes sensory impairments;
- 'mental impairment' includes learning difficulties and an impairment resulting from or consisting of a mental illness;
- 'substantial' means 'more than minor or trivial'; and
- 'long term' is defined as 12 months or more.

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