

Headteacher:  
Mrs E Davies BA (Hons.) NPQH



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# Health & Education Joining Together To Support Your Child

December 2009

Dear Parent/Carer

We are updating our medical records for all of our students and also seeking your view regarding our taking photos of your child(ren). Could you please complete the following form and return it to school by **Friday 8<sup>th</sup> January 2010**. All information provided will be treated as highly confidential. We are aware that many parents have already given us this information and we thank you for your patience.

**Name of Student:**

**DOB:**

Does your child have any of the following medical conditions? (please tick)

Asthma	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	ADD	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Migraine/Headaches	<input type="checkbox"/>	ADHD	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Nose bleeds	<input type="checkbox"/>	Tourette's	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>
		Asperger's Syndrome	<input type="checkbox"/>	ODD	<input type="checkbox"/>

Any heart conditions? (please give details)

Does your child take any medication including tablets, inhalers, creams etc?  
(please give details)

Does your child have any allergies?  
(please give details including medication for allergy)

Does your child have any problems with their eyes/vision?  
(please give details)

Does your child have any hearing problems? (please give details)

Any other conditions? (please give details)

Is there any other information you consider important for the school to know?  
(please give details)

Please give details of your Doctor.

Doctor's name:

Surgery:

Surgery telephone number:

If your child is under a Consultant, please give the Consultant's name and specialism:

If you have any concerns about your child's health or you need to inform the school of any medical changes please feel free to contact Hayley Holton, the School Nurse on 01472 874111 Ext 2501.

### Photography

Are you happy for us to take photos or videos of your child for use within school (internal photo displays, for example)? Yes:  No:

Are you happy for us to take photos or videos of your child for us to use externally (on our website, to send to the press, for example) **without revealing their name?** Yes:  No:

We never send any photo of any student outside of school with the student's name without first asking their parent's permission on each occasion.

Signed: .....Date: .....  
(parent/carer)

Name of parent/carer in block capitals: .....

Thank you

E Davies  
Headteacher