



Health Questionnaire

Dear Parents / Carers

As your child begins their secondary education at The Joseph Whitaker School, it is essential that we continue to support your child with any existing health issues.

Therefore, I shall be grateful if you will complete the following questionnaire and return it to Student Services as soon as possible.

Child's name	Tutor Group
<p>Does your child suffer from any known ALLERGIES? YES / NO Does your child require an EPIPEN? YES / NO If YES, please give details. If NO, please state NONE:-</p>	
<p>Does your child have DIABETES? YES / NO If YES, please give details. If NO, please state NONE:-</p>	
<p>Does your child suffer from EPILEPSY? YES / NO If YES, please give details. If NO, please state NONE:-</p>	
<p>Does your child suffer from ASTHMA? YES / NO If YES, please give details. If NO, please state NONE:-</p>	
<p>Does your child suffer from any other known HEALTH ISSUES? YES / NO If YES, please give details. If NO, please state NONE:-</p>	

I can confirm that the above information is correct.

Signature of Parent / Carer _____

Date _____