**SCHOOL**

**SCHOOL YEAR**

**HEALTH QUESTIONNAIRE**

To the Headmaster/Headmistress

Name of student …………………………………………………………….

Grade and Class ……………

Illness / Health Problem

……………………………………………………………………………………………………………………………………………………………………………………………………………………

Medication (medicine or medicines the child is taking): ……………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………….

Actions to be taken in case of a problem: ………………………………

…………………………………………………………………………………………………………..Any other treatment that the child gets: ……………………………………………… ...

…………………………………………………………………………………………………………..…………………………………………………………………………………………………………..

Parents' contact details: Home phone number: ……………………. Father's mobile phone number: …………………

Mother's mobile phone number: …………………. Father's work phone number: ………………Mother's work phone number:…………………

If it is impossible to communicate with the parents, which person would you like the School to contact?

Name / Relationship: …………………………………………………………………………………………….

…………………………………………………………………………………………………………………….

Phone numbers: ………………………………………………………………………………………………………

Any other comments:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Parent's full name: ……………………………………

Signature: ……………………………………

Date: ……………………………….

**To be returned by the student to his/her Class Head-Teacher by ……………………………… (date).**