



Broadway Junior School Pupils with Medical Needs Admission Screening Form



Child's name
Date of birth
Date of completion
Current medical diagnosis or condition

Date of diagnosis
Historical medical diagnosis or condition (please note this is if your child no longer suffers from this condition)
Date of diagnosis
Please list any known allergies (including dietary)

	Yes (please tick)	No (please tick)
Does your child require any medication during the school day?		
Does your child have a current medical care/asthma plan?		
Does your child have any daily care requirements?		
Would you consider your child to have mental health or wellbeing needs?		

Here at Broadway we pride ourselves at supporting children and their families with all medical needs including mental health and wellbeing. A member of our pastoral team may be in contact with you to discuss any matters arising from the information you have shared on this form.

The above information is, to the best of my knowledge, accurate at the time of writing and I will inform the school immediately, if there are any changes.

Signature _____ Date _____