

PHYSICAL DETAILS

Has your child any known Allergies?

Does your child suffer from any Illness? (*Please name*):

Does your child take regular Medicine?

Is your child Toilet Trained?

Can she/he attend to her/his own needs in the Toilet?

Family Doctor's Name:

Address:

Health Visitor:

Clinic:

Does your child have any Special Interests/Hobbies e.g. Sport, Drama, Art, Dance, Reading, Computers etc.?

How does your child Travel to School?

Please Circle: Bus Train Walk Car Bike Scooter

Child's View (To be completed by child if present):

What would you say are your Strengths and Weaknesses?