

Medical Questionnaire

To inform a Statutory Assessment of Special Educational Need

As part of the statutory assessment process, the Local Authority is required to seek medical advice. This is because we need to determine whether or not your child's progress at school is affected by a medical condition. The medical advice for this purpose is co-ordinated by the Community Paediatrician (setting/school Doctor). This can be done by using the information you provide on this questionnaire and liaison with relevant medical professionals.

In most cases completion of the questionnaire provides all of the information we require, which means a medical appointment will not be necessary unless you specifically request one. It would therefore be helpful if you would complete and return this form to the person who gave it to you. (You can put it in a sealed envelope if you wish.) Alternatively, you can send it by post or email using the contact details set out at the bottom of this form.

If, having considered the medical information you provide, the School Doctor concludes that a medical examination is recommended, the health service will contact you directly to offer an appointment.

Personal Details:

Name of Child	
Date of Birth	
Parent(s)	
Address	

Medical History:

Does your child have any existing diagnoses?

Do you have any concerns regarding your child's health?

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Is he/she under a consultant?

If so please give the consultant's name and the name of the hospital/clinic

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***Please send any reports you would like the Doctor to see when you return this questionnaire**

Is your child on any medical treatment? Please give details:

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Does your child's health pose any risk to them or to others in the setting/school environment? If so, what?

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Is there any family medical history you would like to share?

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Is there anything else you think we should know?

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Parental Responsibility Declaration

Please tick as appropriate:

- We/I am satisfied that the information I have provided identifies my child's current health/medical needs.
- We/I **do** give permission for the school medical service to contact our child's GP/Consultant for further advice/information.
- We/I **do not** give permission for the school medical service to contact our child's GP/Consultant for further advice/information.
- We/I am concerned that my child may have additional medical needs that have not been identified and would like an appointment for my child to see a Paediatrician as part of their assessment of Special Educational Needs.

Signed.....(Parent/Guardian)

Print name.....(Parent/Guardian)

Date.....

This form has been issued by the Local Authority SEND Team under the duties described in the Education Act 1996. As from September 2014 such processes will be described in the Children and Families Act (Section 3), Children and Young People in England with Special Educational Needs.

The SEND Team can be contacted at People Directorate: Children, Adults and Families, Wigan Council, Special Educational Needs and Disability Team, Progress House, Westwood Park Drive, Wigan, WN3 4HH or by email at ehc-referral@wigan.gov.uk