



Eynesbury Church of England Primary School
Volunteer Profile (Confidential)



Surname..... Forenames

Date of BirthGender Male / Female / Other (delete as appropriate)

Address.....

..... Postcode.....

Do you wear glasses? Yes / No (delete as appropriate)

Are you allergic to anything? Yes / No (delete as appropriate)

If yes, please list all causes of allergic reactions

If yes, please supply a medical protocol to be followed in case of an allergic reaction.....

Protocol supplied - Yes / No (delete as appropriate)

Are you asthmatic? Yes / No (delete as appropriate)

If yes do you keep an inhaler in school? Yes / No (delete as appropriate)

Please indicate where this is kept.....

Have you ever had an epileptic fit? Yes / No (delete as appropriate)

Are you diabetic? Yes / No (delete as appropriate)

Do you require regular emergency medication or treatment of any kind? Yes / No (delete as appropriate)

If yes please give details

.....
Any other medical conditions we should be aware of?

.....
If yes please attach any medical protocols - Protocol supplied - Yes / No (delete as appropriate)

In the case of a medical emergency please contact

Name..... Relationship.....

Address.....

Tel. No (home)..... (work)..... (mobile).....

Doctor's Name.....

Address.....

Tel. No

Signed Date.....

GDPR regulations 2018:

By signing this form I give permission for the data to be shared as appropriate to ensure my wellbeing. Medical profiles will be updated every year. Please inform the school, however, of any changes during the year, in order for us to keep our records up to date. Thank you.