



Under the Weather Form

Please complete this form if your child is feeling a little unwell but is well enough to come to school. This helps us support them throughout the day.

1



Child's name

2



Class / year group

3



How is your child feeling?

Please tick the symptoms and add a brief note if needed.



Sore throat



Runny nose



Cough



Headache



Stomach ache / nausea



Other (please specify)



Tired / low energy



Temperature / fever



Ear ache



Muscle aches



Vomiting / diarrhoea



Notes (if needed)

4



Is this related to a long-standing medical condition?



Yes



No

If yes, please give a brief note.

5



Has your child taken any medication before coming to school today?



Yes



No

If yes, please tell us the name and when it was taken.

6



If your child becomes more unwell, what is your preferred contact method?



Phone call (preferred)



Other (please specify)

7



Anything else we should know?

Thank you for helping us care for your child.

The Pastoral Team, Meriden CE Primary School.