

MEDICAL INFORMATION



Child's name: Child's DOB:

Family Doctor

Name	Address	Telephone Number

Medical Conditions or information that you wish the school to be aware of:

Condition	Treatment

Food Allergy Information (*delete as applicable)

My child has:

- *no illness or allergy that prevents him/her participating in activities involving food
- *the following illness or allergy that may require special arrangements to be made

Allergy	Treatment

General Allergy Information (*delete as applicable)

My child has:

- *no illness or allergy that prevents him/her participating in activities
- *the following illness or allergy that may require special arrangements to be made

Allergy	Treatment

Emergency Details: Please give details of people who can take legal responsibility for this pupil that can be contacted in case of an emergency.

CONTACT 1	CONTACT 2	CONTACT 3
Name: Address: Telephone Numbers Home: Mobile: Work: Relationship to child:	Name: Address: Telephone Numbers Home: Mobile: Work: Relationship to child:	Name: Address: Telephone Numbers Home: Mobile: Work: Relationship to child:

I consent to any emergency medical treatment necessary during the course of an activity.

Signed _____ (Parent/Carer) Date _____