MEDICAL INFORMATION

Name of Child ..... Class .....

Address .....

.....

Post Code ..... Date of Birth .....

Emergency Tel No (1) .....

Emergency Tel No (2) .....

Name of your child's doctor .....

Surgery Address .....

..... Tel No .....

Does your child have any medical conditions we should be notified of: YES/NO

If yes please give us further information: .....

.....

Does you child require regular medication? YES/NO

If so name of medication .....

Does your child suffer from Asthma? YES/NO

If so does your child need an Asthma Pump during the school day? YES/NO

Is your child allergic to anything? .....

We administer plasters if necessary. If you **do not wish** your child to have plasters,

please state the reason: .....

Signed ..... (Parent/Guardian) Date .....