



CONFIDENTIAL STUDENT MEDICAL FORM **2020-2021**

Name of Child: Date of Birth: Class

Does your child have any medical conditions? If yes, please supply details, ie asthma, epilepsy, diabetes, hayfever (please attach a separate sheet if needed):

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Is there any other medical information of which the school should be aware, ie surgery or medical investigations, chickenpox or any physical or mental health concerns (please attach a separate sheet if needed)?

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Does your child have any allergies to food or medication?

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Does your child take any regular medication? If yes, please supply details:

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Name, address and telephone number of GP & Surgery:

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In the event of illness or injury, when parents are not contactable, I give permission for the named person below to be contacted:

Name

Relationship to Child:

Parent:

Signature:

Date: