

Medical Form

Pupils name..... D.O.B.....

Address..... Tel No.....

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Any Medical Condition i.e. Asthma/Eczema/Nose Bleeds/Glue Ear/Other Conditions-

Please give full details

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Does your child wear glasses?

Does your child have any hearing problems?

Does your child take any medicine regularly at home?

Is your child allergic to anything i.e. Elastoplasts/Wasp or Bee stings/Others-

Doctors name..... Tel No.....

Surgery address

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I give permission for my child to be taken to hospital in an emergency and any treatment given if necessary to be given.

Signed.....Parent/Guardian

Printed name.....

Date.....