

PUPIL MEDICAL INFORMATION

Child's Surname: _____

Child's Forename(s): _____

Child's Date of Birth: _____

Child's Class: _____

Doctor's Name and Address: _____

Does your child have any on-going medical condition? If so, please describe the condition(s):

Does your child need to take medicine regularly? Yes / No

Please advise regarding dosage and frequency:

Do you wish to see staff to discuss your child's medical needs? Yes / No

A care plan will be drawn up around your child, if it is deemed necessary. You will be asked to give permission for the administration of medicine.

I have included all current medical conditions concerning my child.

Signed: _____ Date: _____

From tiny acorns **mighty oaks** grow...

