

MEDICAL INFORMATION

Please use block capitals

Child's Name: Surname:..... First Names:.....

Date of Birth:.....

Address:.....

..... Home Telephone No:.....

Mother's Name:..... Work Telephone No:.....

Mobile No:.....

Father's Name:..... Work Telephone No:.....

Mobile No:.....

Parents' Marital Status: (please delete as appropriate) Married/Separated/Divorced/Widowed

Other Emergency Contact Name:.....

Telephone No:..... Relationship:.....

Family Doctor: Name:..... Telephone No:.....

Address:.....

Blood Group (if known):..... Date of Tetanus Injection:.....

Serious Illness or Medical condition of which the school should be aware:-

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.....
.....

Allergy to specific drugs:.....

Other Allergies:.....

If an accident or emergency should occur to my child while in the care of the School and I cannot be contacted, I hereby consent to the School acting in loco parentis.

Signed:.....

Date:.....

Please return this form to the school secretary
Please keep us advised of any additional information or changes

CONFIDENTIAL MEDICAL INFORMATION

PRESCRIBED MEDICINES

Where a child must take prescribed medicines, it is essential that a written request comes from a parent and that the request gives all necessary details.

To the Headteacher, Claires Court Schools Ridgeway

CHILD'S NAME:.....

As parent/guardian of the above child, I request that you arrange for the administration of the following prescribed medicines for the conditions stated:

CONDITION:.....

.....

.....

MEDICINES:.....

.....

.DOSAGE:.....

.....

....

The Medicines are clearly labelled with the name of the medicine, the name of the child and the dosage.

Signed:.....

Date:.....

Full Name:.....

Please keep us advised of any additional information or changes