



## Confidential Medical Form

Please answer all questions to the best of your knowledge. This form is confidential.

Child's full name .....

Date of Birth .....

Address .....

Telephone Number ..... Home .....

Mothers Work ..... Mobile .....

Fathers Work ..... Mobile .....

Name and Address of Child's Doctor .....

Telephone Number .....

Immunisation Details (Please tick all that apply) .....

Diphtheria  Tetanus  Hib  Polio  Meningitis C  MMR

Whooping Cough  Other

Does your child have any allergies to foods? If so what are they? .....

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Does your child have any allergies to substances or materials? If so what are they?

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Does your child have any dietary requirements? If so what are they?

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Does your child have any health problems i.e. asthma .....

Has your child ever been seriously ill? If so what? .....

What general illnesses has your child encountered (measles, chickenpox etc)

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I the parent have answered all the above questions to the best of my knowledge and will inform the school if any of the above information changes.

I give consent for the school to administer

Hypo-allergenic plasters: yes/no  Antiseptic cream: yes/no  A ntihistamine cream: yes/no

Parents signature .....

Date .....