

**MEDICAL FORM**

Any medical problems we should be aware of including allergies & asthma?  
If yes to allergies please advise: Consumption/Airborne/Touch

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Does your child use and Inhaler: YES/NO Does your child need an EpiPen: YES/NO

If YES to either of the above please provide the named medication in the original container as supplied by the pharmacist and include the prescriber's instructions for administration.

Any current conditions requiring medical treatment, including medication YES/NO  
If YES please give details:

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Please ensure all medicines (including inhalers) are labelled and given to a member of staff.

Is your child allergic to any medication (including plasters)? YES/NO  
If YES, please specify:

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Details of any disability (eyesight/hearing, etc):

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Please outline any special dietary requirements of your child:

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During hot periods please wear and provide sun cream (must be labelled) which we will reapply if necessary: YES/NO

**Declaration:**

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I give staff permission to administer named prescriptive medicine supplied by myself.

Family Doctor ..... Telephone No .....

Signed .....

Name ..... Date .....