

ABBOTSHOLME

AN EDUCATION FOR LIFE

Pro@ctive Medical Form 2022

Abbotsholme requires this form before your child can participate in any activities we organise.

Child's Surname: _____

First Name: _____ **Date of Birth:** ____ / ____ / _____

We would prefer to have two contacts for your child in case of emergency:

1) Name: _____ Relationship to Child: _____

Address: _____

2) Name: _____ Relationship to Child: _____

Address: _____

1) **Tel:** _____ **Mob:** _____

2) **Tel:** _____ **Mob:** _____

Family Doctor: _____

Name & Address: _____

_____ **Tel No:** _____

Medical Information

Does your child have any illness/ailments that we should know about eg: asthma, epilepsy, diabetes, ADHD, Autistic Spectrum Conditions? Yes / No

If yes - what medication / dosage is he/she taking? _____

Any other medication? Yes/No Name / Dose and frequency: _____

If your child is taking any prescribed medication, we require a supply, labelled for use by your child, whilst s/he is on the school site.

Does your child have any allergies? Yes/No If yes, what kind of treatment do they require?

It is important that you inform us of any allergy that your child may have and the required treatment

Please provide any additional information you think is important:

Parent/Guardian Signature: _____