

# ABBOTSHOLME

AN EDUCATION FOR LIFE

## Pro@ctive Medical Form 2023

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:** \_\_\_\_\_