THORNTREE ACADEMY

MEDICAL DETAILS

Name of Child……

Address……

……Post Code: ……..……..

Home/Mobile Number……....

Emergency Contact numbers 1……..

2……

3…….

Name, address and telephone number of child's doctor…….....

……

…….....

Medical Conditions

Condition	Yes (Please tick)	No (Please tick)	Notes:
Is your child asthmatic?			Please give details: for example, Use of inhaler..
Does your Child have any Allergy?			Allergic to : Nuts / Dairy / Penicillin / Plaster Other:
Is your child diabetic?			
Does your child suffer from any other medical conditions?			Please state the condition:
Does your child take regular medication?			Name of the Medicine: Reason for use :

Signed…….(Parent /Guardian)

Date……

If there is any change in medication or condition the school must be notified immediately.