**Child’s medical information/individual needs:**

**Child’s name: ……………………………………………………………….**

**Name of Doctor: ……………………………...............................**

**Name of health visitor: ………………………………………..........**

**Doctor’s surgery and address: ………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………………………………………………………**

**Doctor’s telephone number: ………………………………........**

**Known medical conditions, asthma, allergies, special dietary and health needs:**

* **Yes** 🞎 **No**

**If yes, please give details: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Details of any medication being used:**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Any other relevant information we should be aware of?**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Arrangements in case of sickness and/or any emergency:**

Our school/academy does not accept children who are unwell and we expect parents/carers to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us we contact the parent/carer at the earliest opportunity.

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services.

**I undertake to inform, the Head Teacher or School Office as soon as possible of any changes in medical and/or any other relevant circumstances.**

**Signed: Parent/carer: ……………………………………….**

**Date: …………………………………………**