



Medical Information Form

For students with medical conditions at school

THE HOLT SCHOOL			
Medical Details Form			
1	PARTICIPANT'S DETAILS		
Surname:		First Name:	Date of Birth:
Address:			
2	NEXT OF KIN NAME AND ADDRESS DETAILS		
Contact 1:			
		Telephone Number:	Alternative Tel No:
Contact 2:			
		Telephone Number:	Alternative Tel No:
3	MEDICAL AND DIETARY DETAILS		
Doctor's Name:		Doctor's Tel No:	
Doctor's Address:			
<i>Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc</i>			
<i>Would you consider your daughter's condition to be life threatening? Yes/ No</i>			

Current medical treatment including medication:

How is your daughter's medication managed?(please circle)

At Home

At home and school

**Preferred method of administration
(if student is needing medication during the school day)**

Student to administer

Staff member to administer

Student to administer with staff supervision

Any additional comments regarding administration:

Details of any special dietary needs:

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STATEMENT

I confirm that the information above is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform The Holt School of any changes. I am happy for the school to contact me to discuss any of the above.

I give consent for my daughter to attend The Holt School on(please insert date) for the Year 5 School Experience day

Signed:

Date:

(Parent/Guardian/Participant over 18)