



**MEDICAL INFORMATION FORM**

Child's Name: .....

Date of Birth: .....

GP's Name: .....

GP's Tel Number : .....

**CONFIDENTIAL INFORMATION**

**My child has the following medical condition(s):**

.....  
.....

**which requires the following medication: (please state name of medication and required dose as per your GP's instructions)**

.....

**Allergies:**

.....

**Symptoms:**

.....

**In an emergency I give my permission to contact my child's GP or .....  
Casualty Department if necessary.**

**Signed: .....Parent/Guardian    Date: .....**