



Castle Hill Primary School

Medical Form



Information given in this form is for school purposes only. It will only be released to those members of staff responsible for the care of your child at school. Please answer as fully as you can and continue over the page if required.

Name of child Date of birth

Home address Name of Doctor

..... Practice.....

.....

Please give details of any dietary needs or allergies e.g. vegetarian, religious observances, dairy produce, nuts

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Does your child suffer from any physical disability or medical illness e.g. diabetes, heart defects?

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Please use this space to tell us of any other factors which you feel we will need to know in order to take care of your child appropriately e.g. toileting, social, emotional or religious.

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PTO

Medical Administration Form

Does your child suffer from any other allergies e.g. asthma, hay fever, penicillin? Do they have medicines that need to be administered in school? If so please supply details.

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Child's name _____ Class _____

Details of medicines and their administration

Medicine

Dosage and administration

1.

2.

3.

Please note that it is the parent's responsibility to ensure that all medicines which need to be administered are kept in date.

I consent if an emergency should occur, at a time when my consent cannot be obtained, to the above child receiving any medical or surgical treatment deemed necessary by a qualified practitioner.

Parent/ Carer signature _____ Relationship _____

Date _____