

OUR LADY IMMACULATE CATHOLIC PRIMARY SCHOOL

MEDICAL INFORMATION

Name of child: _____

Please detail below any current or previous illnesses, asthma, **allergies** (including plasters, food, medicines and other general allergies including nuts, hay fever) or disabilities; e.g. hearing, speech or visual problems, and/or any other information which you think might be helpful:-

Name of family doctor:

Address:

Telephone number:

Signed _____ Parent/Guardian*

Date: _____

* Delete as appropriate