

# MEDICAL DETAILS

Name..... Class.....

Address..... Post Code .....

Telephone number..... Mobile number.....

Emergency contact numbers.....

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Is your child asthmatic? Yes / No

Is your child allergic to: Nuts Yes / No

Dairy products Yes / No

Penicillin Yes / No

Anything else .....

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Is your child diabetic? Yes / No

Does your child suffer from any other medical conditions? Yes / No

If yes, please elaborate.....

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Does your child take regular medication? Yes / No

If yes, please elaborate.....

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Does your child have any known reaction to drugs/plasters? Yes / No

If yes, please elaborate.....

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Name, address and telephone number of child's doctor.....

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