

PUPIL MEDICAL RECORD 2019-2020

To ensure our medical records are accurate and up to date please complete and return to class teacher tomorrow. Thank you. Name of child: Class: IN ALL EMERGENCIES WE WILL MAKE EVERY EFFORT TO CONTACT PARENTS/GUARDIANS IMMEDIATELY BUT IN A SITUATION WHERE THIS IS NOT POSSIBLE WE WILL CONTACT EMERGENCY SERVICES. Medical Information (Please circle YES or NO clearly) Does your child suffer from any of the following conditions: **Asthma** YES/NO Epilepsy YES/NO Diabetes YES/NO Anaphylaxis YES/NO Does your child have any allergies? If so, please give details: Does your child suffer from any other condition requiring medical treatment, including medication? YES/NO If YES, please provide full details: DECLARATION I will ensure that any change in the circumstances which will affect my child's wellbeing in school and/or participation in school activities will be notified to the Principal immediately. Signature of Parent/Guardian:

Date:



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Diabetes	YES/NO	Anaphylaxis	YES/NO		
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