



## 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
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Diabetes	YES/NO	Anaphylaxis	YES/NO
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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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