



CHIGWELL SCHOOL

Medical Form

FULL NAME OF PUPIL.....

NATIONALITY..... DATE OF BIRTH.....

MEDICAL INFORMATION

Name of Parent/Guardian in BLOCK capitals.....

Address.....

..... Home telephone number.....

Please detail below the name and telephone number of an emergency contact in case of illness or problem whilst participating in the activity.

Contact name..... Telephone No.....

Family Doctor

Name:

Address
Telephone number:

Please detail below if your child suffers even mildly, from any medical condition. If your child has suffered from any contagious or infectious diseases during the past three months, please detail these.

--

Please give details of any recent injury, infection or medical treatment

If your child is taking medication, please give details including whether it can be self-administered.

Please give details of any allergies or special dietary requirements

Other Information

Are there any activities in which your child may not participate? **Yes/No**

If yes, please give details.

What is your child's swimming ability (eg strong, weak, cannot swim) - **Please circle**

1. Has your child got good eyesight? **Yes/No** 2. Has your child got good hearing? **Yes/No**
3. When did your child have his or her last tetanus booster? **Date**
4. Can your child participate in physical activities without restriction or special supervision? **Yes/No**

Signature of Parent/Legal Guardian.....

Date.....