

**PLEASE TURN OVER**

## MEDICAL INFORMATION ABOUT YOUR CHILD

### Child's Registered Doctor:

Name: ..... Surgery Address .....  
..... Telephone Number: .....

1. Does your child have any conditions which require medical treatment, including regular medication: **YES/NO**

If yes, please provide details:

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2. Please provide details if your child has any food or other allergies:

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3. Has your child suffered any recent illness or had an accident that Sandbach School or the Employer need to be made aware of: **YES/NO**

If yes, please provide details:

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4. Is your child allergic to any specific medication: **YES/NO**

If yes, please provide details:

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5. Is there any other information regarding your child's health and wellbeing that the employer would need to be aware of:

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