

ANNUAL MEDICAL INFORMATION FORM

Name of Family Doctor	Address of Practice
Tel No:	
Known Allergies:	
Any existing / New Medical Conditions?	
Any Medication?	
<p>Declaration</p> <p>I agree to my child receiving medication as instructed and any emergency treatment as considered necessary by the medical authorities present.</p> <p>To the best of my knowledge my child is medically fit to take part in the activities planned</p> <p>Signature of Parent/Carer.....</p> <p>Contact Tel No.....</p> <p>Alternative Emergency Contact.....</p> <p>Tel No.....</p> <p>It is your responsibility to inform school of any changes to the information provided above</p>	