



Crest Infant & Nursery School

Headteacher: Mrs J Shields

Health / Medical Information Form

Full Name of Child:	Date of Birth:
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DETAILS OF CHILD'S DOCTOR

DETAILS OF ANY OTHER CLINICAL/HOSPITAL THAT THE CHILD ATTENDS

Name	Name:
Address:	Address:
Tel No:	Tel No:

In the event of my child requiring emergency treatment and the Headteacher (or his/her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child.

My child is allergic to:
My child suffers from:
<i>Please continue overleaf if necessary</i>
Date of my child's last anti-tetanus injection:

SIGNATURE OF PERSON WITH LEGAL RESPONSIBILITY:

Please print name: _____ Date: _____