

Medical Information Form

For students with medical conditions at school

THE HOLT SCHOOL Medical Details Form						
1	PARTICIPANT'S DETAILS					
Surname:	1	First Name:			Date of Birth:	
Address:						
2	NEXT OF KI	NEXT OF KIN NAME AND ADDRESS DETAILS				
Contact 1:						
	Telephone Numb		r: Alternative Tel No:		Alternative Tel No:	
Contact 2:						
		Telephone Numbe	r:		Alternative Tel No:	
3	MEDICAL A	ND DIETARY DETAILS				
Doctor's Name:			Doctor's Tel No:			
Doctor's Address:						
Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc						
Would you consider your son/daughter's condition to be life threatening? Yes/ No						

Current medical treatment including medication:						
How is your son/daughter's medication managed?(please circle)						
At Home	At home and school					
Preferred method of administration (if student is needing medication during the school day)	Student to administer	Staff member to administer				
	Student to administer with staff supervision					
Any additional comments regarding administration:						
Details of any special dietary needs:						

4	STATEMENT				
I confirm that the information above is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform The Holt School of any changes. I am happy for the school to contact me to discuss any of the above.					
Signed:		Date:			
(Parent/Guardian/P	Participant over 18)				