



# Pupil Medical Form

Child's Name:

Child's Date of Birth:

Medical Diagnosis/Condition/Allergy (please provide as much information as you can):

Date of Diagnosis/Condition/Allergy:

If applicable, next review date of Diagnosis/Condition/Allergy:

Clinic/Hospital:

Telephone Number:

I have emailed a copy of a medical letter to confirm condition/diagnosis/allergy to [playgroup@caltonprimary.co.uk](mailto:playgroup@caltonprimary.co.uk) **Yes / No**

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

Name of medication, dose, method of administration, when to be taken, side effects, contradictions, administered by/self-administered with/without supervision if applicable

Daily care requirements if applicable:

Special arrangements for visits/trips (if applicable):

Any other information you feel we may need:

Name of Parent/Carer:

Relationship to Child: