Bluecoat Meres Academy

Medical Information

Full name of child..... Date of Birth.....

Name of parent/carer.....

Contact details

Home address.....

.....

Home phone.....

Mobile..... Work.....

Email.....

Medical

Does your child suffer from any of the following?

Condition	Comments	Medication
Asthma or Bronchitis		
Epilepsy		
Sight or hearing difficulties		
Diabetes		
Heart conditions		

Food allergies and intolerances

Please tick all appropriate boxes:

❑ Peanut/nut ❑ Seafood ❑ Tomato ❑ Gluten ❑ Dairy

❑ Other (please provide more information below):

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Has your child ever been stung by a wasp or bee (if yes, please describe the reaction below):

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Any other conditions (please specify below):

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Has your child been vaccinated for tetanus?

❑ Yes ❑ No

If yes, please provide the date:

.....

Signed..... Date.....

Parent/Carer