

Forest School Medical Information Form

| | | |
|---|----------------|---|
| Child's Full Name | | |
| Date of Birth | | |
| Contact Name and relationship to child. | | |
| Home Address | | |
| Phone Numbers | Home | |
| | Work | |
| | Mobile | |
| Doctor | Address | |
| | Phone | |
| Has your child had any of the following? | | |
| Illness | Comment | Medication needed Please specify |
| Asthma/Bronchitis | | |
| Sight/hearing difficulties | | |
| Heart condition | | |
| Diabetes | | |
| Epilepsy | | |
| Allergies e.g. pollen, nuts, materials. | | |
| Have your child ever been stung by a wasp or bee? If yes, describe the reaction | | |
| Date of last Tetanus injection. | | |

Signed:

Date: