



ADEYFIELD SCHOOL
Medical Information Form

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|---|---|
| Student Full Name | |
| Date of Birth | |
| Details of medical condition and allergies in full | |
| Doctors Name | |
| Surgery Address | |
| Telephone No. | |
| NHS Number | |
| Details of medication taken, in full | |
| Please include dosages and frequency. | |
| Is your child's condition seasonal? If so, please give details in full. | |
| Has your child ever been hospitalised with this/these condition/s. If so, please give further details. | |
| Please provide any other information you think may be useful to the school. | |

Date you are completing this form

Please return this form to the School Reception Office