



Medical Information

Child's Forename: _____ Surname: _____

Vaccination records

Record the dates of your child's vaccination or the dates of any of the following illnesses. **We are required to also have a copy of the original vaccination records. Please provide these documents as part of your application pack.**

Disease	Date of vaccination(s) received	Date of illness, if applicable
Diphtheria		
Polio		
Tetanus		
Whooping Cough (Pertussis)		
Hepatitis B		
Measles, Mumps, Rubella		
Meningitis		

Allergies

Please note any of your child's allergies, including allergies to medications. If needed, continue on a separate page. If your child has severe allergies or other life-threatening conditions, you will be contacted by the school in order to develop an emergency Care Plan.

Allergy	Symptoms	Treatment

My child has asthma and uses an inhaler. *(In this case, please provide the school with an inhaler to be kept in your child's classroom and brought on school journeys or residential trips).*

Supplemental medical information

Note any unusual medical issues, hospitalisation history, or medication your child currently uses.

In certain instances, staff may administer age-appropriate amounts of medication (e.g. paracetamol for headaches). First aid may also be administered when appropriate. If we are unable to contact you in an emergency, your child may be taken to a nearby hospital for emergency medical attention.

I agree to emergency care being given to my child if I am unable to be contacted.

Signature: _____ Date: _____