

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 you ever been stung by a wasp or bee? If yes describe the reaction		
Date of last Tetanus injection		

Signed:.....

Date: