



## Y ' Felin Year 7 Residential 2017 - MEDICAL INFORMATION AND CONSENT

<b>Pupil Name:</b>		<b>Form:</b>	
<b>Date of Birth:</b>			
<b>Address:</b>			
<b>Home Tel:</b>	<b>Work Tel:</b>	<b>Mobile:</b>	
<b>Emergency contact details:</b>			
<b>Name</b>			
<b>Tel No:</b>		<b>Relationship to Pupil:</b>	

### MEDICAL INFORMATION *(Please complete or delete where applicable)*

- Doctor's name: .....

Surgery address: .....

Telephone number: .....
- To the best of my knowledge my son/daughter/ward is fit and healthy.  
My child is not in the care of a doctor and requires no special treatment.  
My child is not taking any form of medication.

My child is taking or requires medication.  
Please indicate details of the medication: .....

Dosage: ..... being taken for: .....
- My son/daughter/ward suffers from: - *(please include allergies, incontinence problems)*

Details of condition: .....

Details of treatment: .....

Details of any other recent illnesses: .....
- Please give details of any special dietary requirements: .....

.....

Vegetarian      YES / NO

Headteacher: Mr Gwyn Williams

Lymm High School, Oughtrington Lane, Lymm, WA13 0RB  
01925 755458    info@lymmhigh.org.uk    www.lymmhigh.org.uk

