

## MEDICAL & HEALTH DETAILS

Name of Doctor: .....

Name of Dentist: .....

### Please complete the following Medical/Health conditions:

Tick any relevant boxes:

#### MEDICAL CONDITIONS:

- ADHD
- Allergies
- Asthma
- Depression
- Diabetic
- Eczema
- Gluten
- Hearing
- Heath Condition
- Lactose
- Learning Disorders
- Peanuts
- Visually Impaired
- Other .....

#### VACCINATIONS:

- MMR (Measles/Mumps/Rubella)
- Diphtheria
- Hepatitis
- HIB
- Measles
- Mumps
- Pertussis (Whooping Cough)
- Polio
- Rubella
- Tetanus
- Tuberculosis
- Other .....

#### REACTIONS:

- Anaesthetics
- Aspirin
- Bee Stings
- Codeine
- Food allergy
- Grass
- Hayfever
- Insect bites
- Penicillin
- Sulfa
- Sunlight
- Other .....

**Medical Certificate:-** In the event of the College closing due to a measles/or other medical epidemic the College will require a Doctors Certificate to confirm that immunisation has taken place before the Student will be permitted to return to school.

**If possible please attach a copy of the immunisation record.**

Additional Information:

If there is any additional relevant information regarding your child's medical conditions including past medical history, it would be greatly appreciated if you would detail this here:

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\*\*It is the responsibility of the Caregiver to ensure that the medical details relating to their son/daughter as supplied on enrolment, is always kept up-to-date .