



The Warriner School
Medical Information Form

Student's Name: _____ Tutor Group: _____

So we are aware of any concerns regarding your child's health, it is important to update and record any medical conditions on the school's database. Please complete the relevant sections below and return to Medical Administration, The Warriner School General Office. This information will be available to relevant officers at the LA, school staff and to the school health nurse.

GP's Name: _____ Telephone: _____

Surgery Address: _____

Medical Condition:

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Does your child need regular medication on prescription? Yes () No () ✓

Will your child need medication during school hours? Yes () No () ✓

Does your child suffer from any condition which may affect his/her participation in PE/Games/Swimming? Yes () No () ✓

Would you like an opportunity to discuss your child's health? Yes () No () ✓

Please sign and date this form:

Signature: _____ Date: _____

Your name: _____ (Print)

Relationship to student: _____