



MEDICAL FORM & EMERGENCY CONTACT FORM

PUPIL NAME:	Clas	ss:	Class te	eacher:		_ □Male □ Fer	nale
Date of Birth:	National	ity:	Passport Number:				
Home address:							
EMERGENCY CON	NTACT:	ı		ı			
1.	Name	Re	lationship	Home Telep	hone	Mobile Numbe	er
2.							
	re medical insurance? YI	ES/NO* N	Andinal Incur	nno Providor:			
Policy Number:	insurance policy, please	Insura	nce Emerger	ncy Call Centre N	lumber: _		
*If your child has no	insurance policy, please	tick (√) The	box and sign	below:			
☐ I acknowledge injury.	that my child has no med	ical insurand	ce and that I	will be responsib	le for fees	s incurred due to per	sonal loss o
Signed			_				
MEDICAL and DI	ETARY INEORMATIO	N Place	e indicata ::	with a tick (./) if	vour chi	ld suffers any of th	ne followine
_	ETARY INFORMATIOI		_	, ,	_	•	i c ioliowing
☐ Bed wetting	☐ Seizures of any	type	☐ Heart o	ondition		Travel Sickness	
□ -	П от					Recent breaks or s	prains
☐ Epilepsy	☐ Sleepwalking		☐ Asthma				
☐ Diabetes ☐ My child has be	☐ Sleepwalking ☐ Migraine Headadeen in contact with, or have details of ANY boxes	as suffered	☐ Allergie	s agious or infecti	☐ F		
☐ Diabetes ☐ My child has be Please give further considerations. Please complete the	☐ Migraine Headace He	as suffered that you h ild is on <u>AN</u>	Allergie from, a cont nave ticked,	s agious or infecti or any other re ns (Prescription	☐ F ious dise levant in or non-p	ase in the last four formation, includir	ng dietary ng traditiona
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