

MEDICAL NEEDS

Oldfield School endeavour to keep an accurate record of all students' medical needs. To maintain our high level of care we ask all parents to return this form to the main school office. The relevant Health Care Plan will then be sent to you if we require further information.

Name..... **DOB**.....

Address.....
.....
.....

Does your child have a medical condition? Yes/No

If yes, please give details.

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.....

Contact details (at least two separate contacts for emergency notification)

Name		Name	
Relationship to child		Relationship to child	
Home		Home	
Work		Work	
Mobile		Mobile	
Other		Other	

Signature (Parent/Carer).....