



# Medical Information Form

For students with medical conditions at school

THE HOLT SCHOOL Medical Details Form			
1		PARTICIPANT'S DETAILS	
Surname:		First Name:	Date of Birth:
Address:			
2		NEXT OF KIN NAME AND ADDRESS DETAILS	
Contact 1:			
		Telephone Number:	Alternative Tel No:
Contact 2:			
		Telephone Number:	Alternative Tel No:
3		MEDICAL AND DIETARY DETAILS	
Doctor's Name:		Doctor's Tel No:	
Doctor's Address:			
<i>Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc</i>			
<p><i>Would you consider your daughter's condition to be life threatening? Yes/ No</i></p>			

**Current medical treatment including medication:**

**How is your daughter's medication managed?(please circle)**

**At Home**

**At home and school**

**Preferred method of  
administration**

**(if student is needing medication  
during the school day)**

Student to administer

Staff member to administer

Student to administer with staff  
supervision

**Any additional comments regarding administration:**

**Details of any special dietary needs:**

**4**

**STATEMENT**

I confirm that the information above is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform The Holt School of any changes. I am happy for the school to contact me to discuss any of the above.

I give consent for my daughter to attend The Holt School on .....(please insert date) for the Year 5 School Experience day

Signed:

Date:

(Parent/Guardian/Participant over 18)