



Forest School

Medical Information Form

Child's Full Name	
Date of Birth	
Contact name and relationship to child	
Home Address	
Phone numbers	Home Work Mobile
Doctor	Address Phone

Has your child had any of the following? Please give details and specify medication needed.

Illness	
Asthma/Bronchitis	
Sight/hearing difficulties	
Heart Condition	
Diabetes	
Epilepsy	
Allergies: e.g. pollen, nuts etc.	
Have they been stung by a wasp or bee? If yes describe their reaction.	
Date of last Tetanus injection.	

Signed:

Date: