



Community-Ed Academy
 Trafalgar Rd E
 Gorleston-on-se
 Great Yarmouth
 Norfolk
 NR31 6NX
 01496 730177

Medical Information Form

Form 3

STUDENT DETAILS		
Surname:	First Name:	Date of Birth:
Address:		
NEXT OF KIN DETAILS		
Contact 1		
Name:	Relationship to student:	Telephone Number:
Contact 2		
Name:	Relationship to student:	Telephone Number:
MEDICAL AND DIETARY NEEDS		
Doctors Name:	Doctors Tel No:	Doctors address:
Please give details of any medical conditions/disabilities e.g., diabetes, epilepsy, allergies		



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Would you consider your son/daughters condition life threatening: Yes/No
How is your child's medical condition treated currently:
Does this treatment need to take place in school: Yes/No (If yes, a separate form will need to be completed regarding treatment in school)
Details of any dietary needs:

Statement	
I confirm that the information above is correct, to the best of my knowledge. I understand that the details on this form will be used by the school and it is my responsibility to inform the school of any changes moving forward. I am happy for the school to contact me to discuss any of the above.	
Signed:	Date:
(parent/guardian)	