**STUDENT HEALTH CARE FORM**

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| --- | --- |
| Student’s Name: |  |
| Form: |  |
| D.O.B. : |  |
| Student’s Address: |  |
| Medical diagnosis/condition: |  |
| Date: |  |
| Additional Information if necessary: |  |

Contact Information:

|  |  |
| --- | --- |
| First Contact’s Name: |  |
| Work phone no: |  |
| Home phone no: |  |
| Mobile no: |  |

|  |  |
| --- | --- |
| Second Contact’s Name: |  |
| Work phone no.: |  |
| Home phone no.: |  |
| Mobile no.: |  |

Describe medical needs and give details of student’s symptoms:

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Daily care requirements e.g. before sport/lunchtime:

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Describe what constitutes an emergency for the student and the action to take if this occurs:

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Follow up care:

Who is responsible in an emergency (state if different for off-site activities):

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Parent/Carer’s signature: Date:

**If you are aware of any changes to this information please contact Ms Astles (ext. 111) as soon as possible**