



COTHAM SCHOOL

CONFIDENTIAL MEDICAL INFORMATION

Please complete both sides of the form, sign, date and return to School.

STUDENT NAME

Parent/Carer's Name

Parent/Carer's Address

.....

Tel. No. daytime Mobile.....

Email address.....

Medical conditions

Has the Student any Medical conditions that the school should be aware of? Yes/No
If yes, please give details below:

.....

.....

.....

.....

.....

Is the Student allergic to any medication?
If yes, please give details:

Yes/No

.....

Does the Student require any special medical treatment?
If yes, please give details:

Yes/No

.....

.....

.....

.....

.....

If you prefer to discuss any medical matter privately, please make an appointment with the Learning Coordinator.

Signed Parent / Carer

Print Name

Date