

# CONFIDENTIAL - HEALTH AND DIETARY INFORMATION

In respect of:

Name:..... Date of Birth: .....

School: .....

1. What is the name, address and telephone of your doctor?
  
2. Do you suffer from, or need special treatment for, any ailment or disability eg Diabetes, Epilepsy, Kidney disease, Asthma, Heart condition, Hay fever, Migraine? If so, please specify the ailment or disability and give details of the treatment required.
  
3. Approximate date of last anti-tetanus injection.
  
4. Do you have any special dietary requirements, vegetarian, diabetic, medical or religious? If so please give full details.
  
5. Are you allergic to anything (eg antibiotics or other medicines, food etc)? If so give full details.
  
6. Are you receiving medical treatment (including tablets) at present? If so, give details, together with details of any medicine that will be taken at Hindleap.

In case of emergency please supply the name and telephone number of a parent or guardian

Name: .....

Tel: .....

Address: .....

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Name of Doctor: .....

Tel:.....

The teacher in charge of a visiting group should bring with him/her a copy of this form (or similar), completed for each child.