



Woodhill School

# MEDICAL FORM

Pupil Information & Medical History

Pupil's Name \_\_\_\_\_ Gender: Male/Female

Date of Birth \_\_\_\_\_ Blood Group \_\_\_\_\_

Allergies:-  
[Large empty box for allergies]

Special dietary requirements :-  
[Large empty box for dietary requirements]

Other (information relevant to your child's health)

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Tel No: \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Information (preferred telephone nos. should we need to contact you during the school day).

Mother ..... Father .....

Tel: ..... Tel: .....

Mob ..... Mob: .....

Please nominate a family member or friend who we can contact, in your absence.

1) Name ..... Tel No .....

2) Name ..... Tel No .....