



Medical & Health Information Form

The details on this form will be kept strictly confidential but may be shared with medical professionals or relevant staff members. This form should only be completed by the **PARENT** or **GUARDIAN** of the child.

Student Details

| | |
|---------------|--|
| Forename | |
| Surname | |
| Date of Birth | |
| Address | |

Parent/Guardian Details

| | |
|-----------------------------|--|
| Forename | |
| Surname | |
| Relationship to the Student | |
| Contact Number | |
| Address | |

General Health Information

Does the Student have any allergies?

Yes No

If 'Yes', then please provide full details below:

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|--|
| |
|--|



MC Academy

Does the Student have any illnesses or disabilities?

Yes No

If 'Yes', then please provide full details below:

Can the Student take the medication on their own?

Yes No

Medication: Please label medication with their name and provide clear instructions for its use (dosage, time, frequency etc).

Inhalers and EpiPens: Ensure your child has a spare, clearly labelled inhaler or Epi-Pen.

Is the Student currently receiving any medical treatment?

Yes No

If 'Yes', then please provide full details below:

Is there any further information we should have regarding the Student's health and well-being?

Yes No

If 'Yes', then please provide full details below:



Emergency Contact Details

| Contact 1 | | Contact 2 | |
|-----------------------------|--|-----------------------------|--|
| Forename | | Forename | |
| Surname | | Surname | |
| Contact Number | | Contact Number | |
| Relationship to the Student | | Relationship to the Student | |

I authorise MC Academy and first aiders to give permission for my child to receive any emergency medical treatment as considered necessary by the medical authorities present.

(Parent's Signature)

(Parent's Name)

(Date)