MC Academy

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

Student Details

Forename	
Surname	
Date of Birth	
Address	

Parent/Guardian Details

Forename	
Surname	
Relationship to the Student	
Contact Number	
Address	

MC Academy

GENERAL HEALTH INFORMATION

1. ALLERGIES
Does the student have any allergies?

Yes ☐ No ☐

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

2. DIETARY NEEDS
Does the student have any specific dietary needs?
Please tick all that apply.

Vegetarian	☐
Vegan	☐
Halal	☐
Gluten-Free	☐
Lactose Intolerant	☐
Diabetes	☐
No Nuts	☐
Other	☐

3. ILLNESS
Does the student have any illnesses or disabilities?

Yes ☐ No ☐

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

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4. MEDICATION
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.

5. MEDICAL TREATMENT
Is the student currently receiving any medical treatment?

Yes ☒ No ☐

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

6. ADDITIONAL INFORMATION
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:

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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)