

Dear Parents

Please fill in the form below and send it back to school as soon as possible please as this information is important for the welfare of your child

Date:.....



Child Record Card

Child's name:

Date of birth:

Doctors practice:

Please give details of any [Medical Conditions](#):

Please give details of any [Allergies](#):

Does your child need any [Medication](#) and will they need it in school:

[If your child needs to have an inhaler in school, please ensure that it is labelled with his/her name and that it is given to a member of staff for safe keeping.](#)

Mother's name:
(Miss/Ms/Mrs)

Father's name:

Child's home address:

Home telephone number:

Please confirm three emergency contacts with telephone numbers

Emergency Contact Name in Full	Relationship to Child	Telephone Number