



Roehampton CofE Forest Primary School Medical Form 2024-2025

Child's Name	Date of Birth:
Names of Child's Doctor:	Doctor's Address and Phone Number:

Please answer the following questions and give details:

DOES YOUR CHILD HAVE:
Any allergies?:i.e NUT ALLERGY
An epi-pen (if so, you will need to provide school with two)?:
Any on-going health issue/medical condition:? (e.g glue ear, grommets, eye patch, eczema, asthma, etc)
Registered disabled?:
Do they take regular medication and if so, what and how much?:
Has or need a health care plan?:
Has your child had any major illness, operation or a stay in hospital?:
Are you concerned about any aspect of your child's health?
Does your child have any special dietary requirements?: PLEASE NOTE: NOT FOOD THEY DO NOT LIKE
Anything else you think might be useful for us to know?:
Please inform the School Office in writing of any changes to your child's health or needs