

MEDICAL UPDATE FORM

In order to keep our records up to date we would be grateful if you would complete this form and return it to the School Office as soon as possible.

MEDICAL UPDATE FORM 2025 – 2026

PUPILS NAME: **CLASS** **YEAR:**

Please include any previous medical conditions/allergies on this form, or it will be assumed that these no longer apply.

MEDICAL CONDITIONS AND TREATMENT IF APPLICABLE: (*Where applicable please provide Hospital Letters/Updates as confirmation*).

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ALLERGIES AND TREATMENT IF APPLICABLE:

(Please include all types of allergies e.g. elastoplasts, bee stings, grass, pollen, animal hair, dust mite, and all food allergies like dairy products etc.)

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SIGNED BY PARENT:..... **DATE:**

NAME of PARENT: