



# Medical Information Form

For students with medical conditions at school

<b>THE HOLT SCHOOL</b>			
Medical Details Form			
<b>1</b>	<b>PARTICIPANT'S DETAILS</b>		
Surname:		First Name:	Date of Birth:
Address:			
<b>2</b>	<b>NEXT OF KIN NAME AND ADDRESS DETAILS</b>		
Contact 1:			
		Telephone Number:	Alternative Tel No:
Contact 2:			
		Telephone Number:	Alternative Tel No:
<b>3</b>	<b>MEDICAL AND DIETARY DETAILS</b>		
Doctor's Name:		Doctor's Tel No:	
Doctor's Address:			
<i>Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc</i>			
<i>Would you consider your son/daughter's condition to be life threatening? Yes/ No</i>			

