



*Ettington Church of England
Primary School*

Dear Parents,

As part of the requirements for Forest School I need to have a current copy of your child's medical information.

Please could you complete the form and return it to school by Monday 7th November. Thank you.

Best wishes

Sarah Hudspith
Reception teacher

Forest School Medical Information Form

Child's Full Name	
Date of Birth	
Contact Name and relationship to child	
Home Address	
Phone numbers	Mobile: Home: Work:
Doctor	Address: Phone:

Has your child had any of the following?

Illness	Comment	Medication needed Please specify
Asthma/Bronchitis		
Sight/hearing difficulties		
Heart condition		
Diabetes		
Epilepsy		
Allergies e.g. pollen, nuts, materials		
Have they ever been stung by a wasp or bee? If yes, please describe the reaction		
Date of last Tetanus injection		