



Fulfen Before and After School Club Medical Form

Child's name:	Date of birth:
Does your child have asthma? Please indicate	YES / NO
Will your child need an inhaler in out of school club? Please indicate	YES/ NO
If yes, please provide details of how often it will need to be used:	
Does your child or the child in your care have any known medical problems or additional needs? (Please list)	
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)	
Does your child have any known allergies? i.e. food/hay fever allergy (an Allergy Management Plan will be put in place where required)	
Does your child have any dietary requirements?	
Any other information relevant to your child's health?	
Parent/Carer emergency contact telephone numbers:	

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

Signed:

Date:
