



The Firs Primary School

Jávea

Photo

MEDICAL FORM

C.I.F: B-53837902

1. Personal Details

Child's surname: _____ Date of Birth: ___ / ___ / ___

First name(s) _____ Preferred name: _____

First language: _____ Other languages: _____

Nat. Health / Private Scheme: _____ Doctor: _____ Document received: YES/NO

2. Medical Checks:

Initial Medical Certificate received: YES/NO (Dated: ___ / ___ / ___)

Year R. Medical Certificate received: YES/NO (Dated: ___ / ___ / ___)

Year 3 Medical Certificate received: YES/NO (Dated: ___ / ___ / ___)

Year 6 Medical Certificate received: YES/NO (Dated: ___ / ___ / ___)

3. Immunisations:

Immunisation programme up-to-date: Entry YR. Y3 Y6

Any relevant details:

4. Current medical conditions, medication & how this may affect schooling:

5. Infectious diseases, illnesses, operations etc. that the school needs to know about:

6. Allergies, medication, action required etc:

7. Special dietary requirements:

8. Any known or suspected learning difficulties:

Psychological Report(s) received YES/ NO

9. In Case of Emergency:

In the event of an accident or medical emergency, I/we give the Head Teacher (or another member of staff in her absence) permission to act 'In Loco Parentis' until we can be contacted, in order to ensure our child receives the necessary treatment and care.

Any special requirements/instructions:

Signed: (Father) _____ (Mother) _____ (Guardian) _____
Date: _____ Date: _____ Date: _____