

Medical Care Needs Form

1. Name of child: _____

2. Address: _____

3. Date of Birth _____

4. Contact numbers _____

5. Class: _____

6. Teacher: _____

7. Family Doctor: _____

8. Phone No: _____

Please provide details of your child's medical condition, the symptoms staff should be aware of and the procedure to be followed by school staff in treating/attending to your child, including any emergency response required.

I/We understand that we must inform the school/class teacher of any changes regarding my child's medical condition.

I/We understand that it our responsibility to ensure that contact numbers are up to date on Aladdin.

Signed

Parent/Guardian

Date
