



MEDICAL DECLARATION FORM

Dear Parent/Guardian,

To ensure we can care for your child effectively, please complete this form where you have stated on the registration form that your child has an ongoing medical condition(s) that requires care. This is in line with OFSTED Regulations.

Childs full name(s)	
Date of Birth:-	
Name of GP:-	
GP Address/Phone number:-	

Name of your child's medical condition(s)	Does your child have prescribed medication from your G.P for this condition?	Please state the name of the medication, frequency of the dose(s)	Do you manage the administering of the medication at home?	Please use this box to add further information that you think we may need to know. E.g symptoms to look out for?

Parent/Guardian Print name.....

Parent/Guardian Signature.....Date.....