



Palace Fields Primary School
Medical Information Form

Name	
Date of Birth	
Emergency contact (Next of kin)	
Doctor / GP Name & Contact	
Any known medical condition:	
Symptoms of this condition:	
Treatment of this condition, including medication details & possible side-effects:	
Any allergies / dietary needs / pre-activity precautions:	
Any cultural or religious beliefs which may effect medical care:	
<u>Form completed by:</u>	
Name of Parent/Carer:	Date: