

Medical & contact information for Induction days

Visit to Priory Belvoir Academy on Thursday 5th and Friday 6th July 2018.

Name of child _____

Medical information about your child:

- a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication (eg asthma, allergies, epilepsy, ADHD)?

YES/NO

If yes, please give brief details, including steps to be taken should your child need support during the visit

- b) Does your son/daughter suffer from any other condition not mentioned above that you feel we should know about in order to meet their needs fully during the two transition days

YES/NO

If yes, please give brief details, including steps to be taken should your child need support during the visit

Emergency contacts

Contact 1 Name _____ Relationship to child _____

Phone number 1 _____ number 2 _____

Contact 2 Name _____ Relationship to child _____

Phone number 1 _____ number 2 _____