



Gretton Forest School

Forest School Medical Information Form (pupil)

Child's full name	
Date of birth	
Contact name and relationship to child	
Home address	
Phone number	Home Work Mobile
Doctor	Address Phone

Has your child had any of the following?

Illness	Comment	Medication needed Please specify
Asthma/bronchitis		
Sight/hearing difficulties		
Heart condition		
Diabetes		
Allergies e.g. pollen, nuts, materials		
Have they ever been stung by a wasp or bee? If yes, describe the reaction		

Signed:
(parent/ guardian)

Date: