St Thomas More Catholic Church, Eastcote

MEDICAL FORM

NAME	
ADDRESS	
PHONE NO / EMAIL *(IF OPENED REGULARLY)*	
SCHOOL	

Please give details of two(2) emergency contact names and telephone no's.

NAME (AND RELATIONSHIP TO CHILD)	**TELEPHONE NO.**

Please provide details of any allergies or medical conditions or any special dietary needs. Also, give details of any required medication and inoculations. E.g. inhalers, anti-epileptics, insulin or epi-pen and tetanus etc.

Continue on reverse, with any other information

DOCTORS NAME, ADDRESS AND PHONE NO.

_____ _____

DECLARATION

In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusions, as considered necessary by the medical authorities who attend.

SIGNED ---------- **DATE** ----------

Parent/guardian

FULL NAME ----------

Please give any other information which the Leaders would find useful.

Medical Information cont'd...

Protecting your privacy
Your personal details will be held on file and stored on the parish computer securely. They will be shared with members of the Parish involved in the preparation of the Sacrament and for Parish business only. This document will be destroyed after the Sacrament has been received.
You can read our full privacy policy on rcdow.org.uk/diocese/privacy-policy