



**THE VILLAGE SCHOOL**

2 Parkhill Road, London NW3 2YN

**Medical Information**

**2017 – 2018**

Daughter's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Height (in bare feet) Feet \_\_\_\_\_ Inches \_\_\_\_\_ or cms \_\_\_\_\_

Weight: (in normal clothing) Stones \_\_\_\_\_ lbs \_\_\_\_\_ or kgs \_\_\_\_\_

Name, address & telephone number of your GP

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Has she had any of the following infectious diseases? (please tick where appropriate)

Measles      Mumps      German Measles      Whooping Cough      Chicken Pox

Is your daughter up-to-date with all pre-school immunisations (Y/N) Date.....

Is your daughter immunised against tetanus (Y/N) Date.....

Does she suffer from any allergies (e.g. asthma) or any medication (e.g. calpol, penicillin, aspirin, sticking plasters etc)?

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Does she take any regular medication? \_\_\_\_\_

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Any other problems we should know about with regard to:

- a) Child's health
- b) Parents' health

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Signed (parent or guardian) \_\_\_\_\_ Date \_\_\_\_\_