



THE VILLAGE SCHOOL

2 Parkhill Road, London NW3 2YN

Medical Information

2015 - 2016

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

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)?

Does she take any regular medication? _____

Any other problems we should know about with regard to:

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

Signed (parent or guardian) _____ **Date** _____