

**Important – Pupil Medical Information**

It is vital that we hold the correct medical information about your child and that you notify us of any changes as they occur. Occasionally, however we like to check information on all pupils and with this in mind, I would be grateful if you could complete this form and return it to school as soon as possible. Many thanks.

Please note, if your child needs to take medication in school, either regularly or as a one off, you need to complete medical form 3b, or for asthma sufferers, form 7. Copies of this are available from the school office or can be downloaded from our website at: [www.cape.cornwall.sch.uk](http://www.cape.cornwall.sch.uk)

**Child's Name:** ..... **Tutor Group:** .....

Emergency Medical Consent:  (this confirms your agreement for the school to initiate appropriate medical treatment in the event of an emergency)

Medical Practice: ..... Dietary Needs:  Artificial colouring allergy  
(if applicable)  Gluten Free

Practice Address: .....  Kosher foods only  
.....  No dairy produce  
.....  No nuts of any type/quantity

Telephone: .....  No pork  
.....  Ramadan  
.....  Seafood allergy

Doctor's Name: .....  Vegetarian

Medical Conditions/Information: Please include details of any allergies/medical conditions e.g. asthma, and medications regularly taken. (If you require more space please give full details on a separate sheet).  
**If none, please state NONE.**

.....

Signed: ..... Parent/Carer