

**MOORLAND HALL LTD**

**MEDICAL FORM**

**This form must be completed by a Parent or Guardian and either sent back to us or brought to Moorland Hall with you.**

Surname ..... Christian Name .....

Sex (Male/Female) ..... Age ..... Date of Birth .....

Address .....

.....

Tel No ..... Emergency Telephone No .....

Next of Kin .....

Family Doctor ..... Telephone No .....

Has your child had any communicable disease in the last three weeks? .....

If yes, please give details about disease and when exposed .....

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Has your child had any recent operations or injuries?

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If yes, please give details .....

Has your child had a tetanus injection in the past five years? .....

Please state any allergies.....

Is your child currently taking any medication? .....

Any special dietary requirements .....

Any other medical problems we should be aware of .....

Any other information you feel we should know to assist us in looking after your child?

Can your child swim 25 metres? .....

Do you give permission for Moorland Hall Ltd staff to act in loco prentice to give basic medication if necessary? Yes.....No .....

Photographs may occasionally be taken and used in our brochure. Please confirm if you are agreeable to your child/children being photographed? Yes..... No .....

Signed ..... Date .....