

Chipstead Valley Primary School Medical Form

This form **must** be completed by **all** parents and returned to KS2 Office

Child's Name: _____ Class: _____

My child has the following medical condition:

Condition	Severe/Moderate/Mild	Medication to be held in school
Allergies (Type)		
Asthma		
Diabetes		
Eczema		
Epilepsy		
Hay Fever		
Any other condition		
We have chickens at CVPS and your child may be involved in caring for them during their time here. Is your child allergic to chickens, touching eggs etc?		
My child does not have any known medical conditions <input type="checkbox"/> please tick		

Name of General Practitioner:	Address and telephone number:

Signed: _____ Date: _____