**Contact and medical form**

Name of child…………………………………………………………………………………………………………………

Current school year ……………………………………………………………………………………………………….

Date of birth…………………………………………………………………………………………………………………..

My child has a medical condition that staff should be aware of YES/NO

The medical condition is ……………………………………………………………………………………………

My child has no allergy conditions that staff should be aware of YES/NO

The allergy is ………………………………………………………………………………………………………………

Name of emergency contact…………………………………………………………………………………………..

Emergency contact number ……………………………………………………………………………………………

Dietary requirements………………………………………………………

Signature of parent …………………………………………………………………………………………………………