

THE BERKELEY ACADEMY

MEDICAL CONDITION FORM

NAME OF CHILD.....DATE OF BIRTH.....

CLASS.....

NAME OF DOCTOR

ADDRESS.....

TEL NO:

Specific Condition

Treatment

If your child uses an inhaler at school where is it kept?

Other relevant information. Signs of attack, triggers, special management etc.

Are you willing for school to photograph your child if you have not already supplied a photograph?

Yes / No (Please delete)

Signed.....parent/guardian of.....date.....