MIDLETON COLLEGE – Medical and Contact Information Update

This form must be completed and returned to the College prior to the beginning of school year and if an update to medical or contact information is required during the school year.

Name of Pupil: _____ Date of Birth: _____

Contact Information:
If parent/guardian contact information **has changed**, please amend where relevant, as this information is used for annual billing and student registration purposes, accuracy is required.

Parent(s) Title & Name: _____

Address & Postcode: _____

_____

Parent 1 Mobile: _____ Relationship: _____

Parent 1 Email: _____

Parent 2 Mobile: _____ Relationship: _____

Parent 2 Email: _____

Landline: _____

Medical Information:
Is there any information that you think is relevant regarding the health or wellbeing of your child, in addition to that which is on his/her medical questionnaire currently held by the College? **Yes / No.** If yes, please give details below:

_____

_____

_____

If the child's emergency contact, family doctor, medical insurance or medical card information has changed please give details below

_____

_____

_____

If during the course of the school year, your child becomes ill or is receiving medical attention and/or medication, or if there is any change in relevant information regarding the health and wellbeing of your child, please inform nursing staff as soon as possible. If you wish to speak to the school nurse with regard to any health issue you may do so at any time.

SIGNED (Parent/Guardian): _____

PRINT NAME: _____

DATE: _____