



Summerfield Education Centre

Auckland Drive, Birmingham. B36 0DD

Telephone: 0121 779 8090

Email: 509office@summerfieldec.solihull.sch.uk

Medical Information

Medical Practice/GP	
Address	
Telephone Number	
Special dietary requirements	

I will inform the Centre as soon as possible of any changes in personal and medical circumstances

a) Any conditions requiring medical treatment including medication If YES, please give brief details below:	YES/NO

b) Please outline any special dietary requirements of the participant and/or the type of medication the participant may receive if necessary	

c) Is the participant allergic to any medication?	YES/NO
d) When did your son/daughter last have a tetanus injection? _____	
e) I agree to my son/daughter receiving analgesics (paracetamol) for pain relief	YES/NO
f) If the participant allergic to anything e.g. peanuts, plaster etc.,	YES/NO

I agree to my son/daughter/ward receiving medical attention and any emergency medical or surgical treatment as considered necessary by the medical authorities present. Staff will always try all emergency contact numbers to inform you of the situation but if this is not possible, we will allow medical authorities present to provide the necessary medical attention.

Name (Print) (person with legal responsibility)

Signed: (person with legal responsibility)

Date: