

Supplementary Enrolment Information

Medical Details

In order to provide the best possible care to your child whilst they are a student at Essex Heights Primary School, please return this form with enrolment documentation. This information is kept strictly confidential and is only made available to those staff members directly involved in the care of your child.

Child's Name:

Anticipated commencement date/year at Essex Heights Primary School:

Please answer YES or NO to the following questions and provide details where required.

	Please state Yes / No	Details <i>(attach a separate sheet if necessary)</i>
Does your child have <u>any</u> medical conditions?		
Does your child have any dietary restrictions?		
Does your child take regular medication?		
Has your child had surgery previously (including grommets in ears)?		
Is your child ALLERGIC to anything (food, medications, insect bites etc)		
Is your child ANAPHYLACTIC to anything (food, medications, insect bites etc)		
Does your child wear glasses / contact lenses		

Name of person completing this form:

Relationship to student:

Parent/Guardian's Signature: Date: / /