



Headteacher: Mr Ken Mackenzie

Medical and Dietary Form

Full name of son/daughter.	
Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES, please give details.	
To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases, or suffered from anything in the last four weeks that may be or become contagious or infectious? If YES, please give details.	
If your son/daughter allergic to any medication? If YES, please give details.	
Has your son/daughter received a tetanus injection in the last five years? YES/NO	
Please outline any special dietary requirements of your child.	
Home address	
Contact details (Home, Work, Mobile)	1. 2. 3.
Doctor's contact details	

I declare all information is correct as dated here.

Date_____

Parents/Carers Name: _____

Signed _____

Please return the form to Acton High School Welfare Office or hand in on Induction Day on Friday 30th June.

Alternatively you can email this form to Grainne Hickey at GHickey@actonhigh.ealing.sch.uk .

If you have any query, contact the school office 020 3110 2400.

