



Our Lady of Czestochowa Polish School - Pupil Medical Form

Name and		
Class in Polish School		Date of birth
Address		
Name and address of English school		
Name of parents		
Telephone 1		Telephone 2
Name of GP		
Address		
Telephone		
Name of Hospital		
Name of Consultant		
Department		
Address		
Telephone		
Name of Medical condition		
Short description		
Symptoms		
What should we do if specific symptoms occur		
Is the pupil on any medication prescribed by his/her doctor? Give details.		
Any other relevant information we should be aware of		

Please note that any information you give will be treated with the strictest confidence. It will only be shared with medical staff in case of an emergency and, with your agreement, with specific members of our organisation

It is your responsibility, and in your interest, to advise us of any changes.