



# Winchester School

## Children With Medical Conditions

Name \_\_\_\_\_

DOB \_\_\_\_\_

Medical History

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Medication - at Home \_\_\_\_\_

- at School \_\_\_\_\_

Action to be taken at school

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Parents' Telephone Contact:

Mother - Home \_\_\_\_\_

Work \_\_\_\_\_

Father - Home \_\_\_\_\_

Work \_\_\_\_\_

Name of next Emergency Contact \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Telephone Number \_\_\_\_\_

Doctor \_\_\_\_\_

Telephone Number \_\_\_\_\_