



Winston House Preparatory School

Medical Information – Whizzy Wins Holiday Activity Club

(PLEASE COMPLETE IN BLOCK CAPITALS)

Child's Last NameBoy/Girl (delete as appropriate)

Child's First Names.....

Date of Birth.....

Home Telephone Number.....

Mobile Telephone Number.....

Please provide an alternative contact in case of accident or illness:

Name.....

Address.....

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Telephone.....

Mobile.....

Relationship.....

Does your child have any medical conditions that we should be aware of for his/her own safety and well being?

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RESPIRATORY CONDITIONS: Does your child suffer from Asthma? YES/NO
Hay Fever? YES /NO

ALLERGIES: Does your child suffer with any allergies (e.g. Medicines, Foods, Insect Bites, Plasters)

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DIETARY INFORMATION: (e.g. vegetarian, no nuts, no eggs etc)

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