



# SPORTASTIC GENERAL MEDICAL FORM



This form is required by Abbotsholme before your child can participate in Sportastic Activity Days. It should be returned preferably before your child attends the day to the School Reception for the attention of Hannah Akers (Sportastic), emailed to Hannahh at [Sportastic@abbotsholme.co.uk](mailto:Sportastic@abbotsholme.co.uk); faxed back on 01889 590 001, or posted to the following address:  
Hannah Akers (Sportastic), Abbotsholme School, Rocester, Uttoxeter, Staffordshire, ST14 5BS

**CHILD'S SURNAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**We would prefer to have two contacts for your child in case of emergency:**

1) NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2) NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1)	Tel: _____	Mob: _____
2)	Tel: _____	Mob: _____

**FAMILY DOCTOR:** \_\_\_\_\_

**NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **TEL NO.:** \_\_\_\_\_

## MEDICAL INFORMATION

**Does your child have any illness / ailments that we should know about e.g: asthma, epilepsy, diabetes, recent injuries: Yes / No**

**If yes – what medication / dosage is he/she taking?** \_\_\_\_\_

**Any other medication? Yes / No Name / Dose and frequency:** \_\_\_\_\_

*If your child is taking any prescribed medication, we require a supply labelled, for use by your child whilst s/he is on the school site.*

**Does your child have any allergies? Yes / No** If yes what kind of treatment do they require?: \_\_\_\_\_

*It is important that you inform the School of any allergy that your child may have and the required treatment*

**Please add any additional information you think is important here:**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_