**MEDICAL AND INFORMATION FORM**

This form should be completed by the parent/legal guardian only.

1. Child’s Surname: Child’s First Name:

Residential Address:

Postal Address:

Home Telephone NO:

1. Details of Father/Guardian Details of Mother/Guardian

Surname: Surname:

First Names: First Names:

Place of Work: Place of Work:

Office/Home Tel: Office/Home Tel:

EMERGENCY NO (in case school is unable to reach parents):

1. State which hospital or private clinic the child is registered (in case of emergency)

N.B: The school will rush your child to this hospital/clinic with your authorization in case of an emergency.

1. If your child suffers from any allergy or disease, or has any medical problems which you feel the school should know about (e.g, epilepsy, deafness, allergy to penicillin etc) please specify:
2. Name of brothers and sisters currently enrolled at Chalo Trust School.

 **Name** **Grade**

1.
2.
3.
4.

**PLEASE RETURN THIS FORM TO THE SCHOOL**