



Calmore Infant School - Flamingo Club After-School Care

Medical Form

(this information will be treated in the strictest confidence)

Child's information:

Child's Name:..... Date of birth:.....

Address:.....

Home telephone number:..... Mobile number:.....

Contact email address:.....

Emergency Contacts:

	Name/Relationship	Home Address	Phone number
1.			
2.			
3.			
4.			

Medical Practise:

Medical conditions/information: