



To: All Parents/Guardians

IF YOUR CHILD NEEDS TO SEE A DOCTOR IN THE HOLIDAYS, PLEASE SIGN AS A TEMPORARY RESIDENT (BLUE FORM) SO THAT THEY REMAIN REGISTERED WITH THE SCHOOL DOCTORS.

Re: Medical treatment in holidays (return if pupil has received any medical treatment)

If your son/daughter has an operation/accident /severe illness/immunisation or special treatment during the holidays it is important that the school doctor is informed and your child's medical records are updated. *Should this be the case please fill in the form below with any relevant details and return to the Medical Centre by the beginning of term.*

Pupil's Full Name: _____ **DOB:** _____ **House:** _____

(a) Had the following operation/illness/accident/treatment:

on _____ (date)

(b) Was immunised against: _____

on _____ (date)

(c) Had an eye/hearing test:

The result was _____

Signed: _____ (parent/guardian)

Date: _____

Please give name and address of GP that your child saw in the holidays:

Doctor's name: _____

Surgery address: _____

THIS FORM SHOULD BE RETURNED TO THE MEDICAL CENTRE BY THE FIRST DAY OF TERM