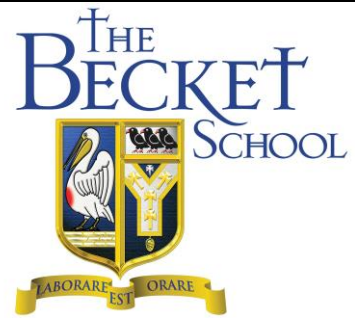


THE BECKET SCHOOL

A Specialist College in Science and Humanities



Medical / Special Needs Information

Student Name					
Date of Birth		Gender (please tick box)	M		F
First Contact Name			Home Address		
Telephone Number					

NHS Number	
Doctor's name	

	Medical Condition	Medication	Other special requirements
1			
2			
3			

Brief details of any Special Educational Needs	Contact at current school (Name, position, telephone no.)

External Agencies involved		
Name of Agency	Contact Name	Contact Number

It may be helpful for us to share information with the school nurse and/or the external contacts named above, please indicate below whether you are happy for us to do this

Please tick as appropriate

Yes, I am happy for you to share this information with the school nurse/other named contacts	
No, I do not wish you to share this information with the school nurse/other named contacts	
Parental Signature	Date