

ST PATRICK'S CATHOLIC PRIMARY SCHOOL

MEERKATZ – MEDICAL/CONTACT FORM 2023-2024

CHILDS INFORMATION

Child's Name: _____ Class: _____

Date of Birth: _____ Age: _____

MEDICAL INFORMATION

1. Any known allergies Yes / No (if yes give details)

2. Does your child require an inhaler Yes / No

If yes do they carry it with them? Yes / No

3. Does your child require regular medication Yes / No (if yes please give details)

CONTACT INFORMATION

Contact 1

Name: _____ Relationship to Child: _____

Mobile No: _____ Work No: _____

Home Address & Home Telephone No: _____

Email: _____

Contact 2

Name: _____ Relationship to Child: _____

Mobile No: _____ Work No: _____

Home Address & Home Telephone No: _____

Email: _____

Persons Authorised to Collect Your Child (responsible person over the age of 16))

1. _____ 2. _____ 3. _____

If you require someone not listed to collect your child you must contact Meerkatz. You will be given a password for the collector to give to staff before your child is released.