

ST PATRICK'S CATHOLIC PRIMARY SCHOOL

MEERKATZ – MEDICAL/CONTACT FORM 2024-2025

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)
4. Does your child have any other medical conditions not listed above that the club would need to be aware of? 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. _____

IMPORTANT: If you require someone not listed above to collect your child/ren, you must contact Meerkatz and give the name of the collector and the password that the collector will use. Please note we will not release a child without this information.