



# THE CORBET SCHOOL TECHNOLOGY & LANGUAGE COLLEGE

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## MEDICAL INFORMATION FORM

**PUPIL'S NAME** ..... **Date of Birth**..... **TUTOR GROUP** .....

Does your child suffer from any medical condition which requires medical treatment including medication? Yes  No

If YES please give details:

.....  
.....  
.....

*NB: Should there be a need for your child to bring any medication (including travel sickness treatment) with them it should be clearly named and carry clear instructions of dosage. It should be handed in to a member of staff prior to the journey. It is the pupil's responsibility to approach the member of staff at the appropriate time.*

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or other treatment including anaesthetic or blood transfusion as considered necessary by the medical authorities present. Yes  No

### Please could you inform us of contact numbers for the day and the evening:

Person to be contacted ..... (please print)

Day telephone number .....

Evening telephone number .....

### Alternative contact details:

Person to be contact ..... (please print)

Relationship to pupil .....

Day telephone number .....

Evening telephone number .....

Signed ..... (parent/guardian) Date .....

Full name (capitals) .....

