



Hazelwood Fun Club

MEDICAL AND SPECIAL NEEDS RECORD

Child Date of Birth

Parents'/Guardians' Name and Address

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Telephone No. (day and evening) Mobile

Family Doctor Tel :

Has your child any medical or special needs which should be taken into account. Yes/No

Does he/she suffer from, or is there a history of any medical condition. Please give details below

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Has he/she had any operation or accident in the last year? If so, please supply brief history

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Is he/she receiving any treatment or on any medication. Yes /No

If yes, please give brief details.....

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Does he/she have a condition or history not stated elsewhere?

If your child has an IEP please give details.....

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Signed Date

PLEASE NOTIFY THE CLUB OF ANY CHANGES IN THE ABOVE HEALTH INFORMATION WITH REGARD TO YOUR CHILD, ESPECIALLY THE IDENTIFICATION OF ANY SERIOUS ALLERGIES OR NEW CONDITIONS.