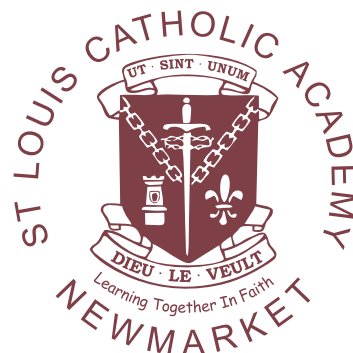


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MEDICAL INFORMATION FORM

In order to enable us to assist your child whilst in school, I would be grateful if you could complete the attached tear-off strip and return to the School Office at your earliest convenience.

Yours Sincerely,

Mrs Teresa B Selvey

Headteacher



MEDICAL INFORMATION

Pupil's Name: _____

Doctor's Name: _____

Address of Surgery: _____

Telephone: _____

Any medical conditions:

YES	NO
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If **YES**, please provide details:
