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| *Emergency Contact* |
| *Parent/Guardian 1:* | ***Parent/Guardian 2:*** |
| *Relationship 1:**Relationship 2:* | ***Mobile:******Mobile:*** |

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| *Current School/Nursery* |
| *Name and Address:* | ***Contact Details:*** |

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| *Allergies* |
| * *No – I have no known allergies*
 | * ***Yes – I have allergies (please specify)***
 |

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| *Family History* |
| * *Cardiovascular*
 | * ***Hypertension***
 | * ***Asthma***
 | * ***Cancer***
 |
| * *Diabetes Type 1*
 | * ***Diabetes Type 2***
 | * ***Lung Disease***
 | * ***Sickle Cell***
 |
| * *Anaemia*
 | * ***Mental Health***
 | * ***Other***
 | * ***No Family History***
 |
| *Please provide us with any significant health conditions you may have:*  |
| *Please provide us with any mediation you are currently being prescribed:*  |

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| *Ethnicity* |
| * *White – British*
 | * ***Mixed – White and Black African***
 | * ***Black – British***
 | * ***Asian – Indian***
 |
| * *White – Irish*
 | * ***Mixed – White and Asian***
 | * ***Black – African***
 | * ***Asian – Pakistani***
 |
| * *White – Scottish*
 | * ***Mixed – Any other Mixed background***
 | * ***Black – Caribbean***
 | * ***Asian – British***
 |
| * *Other (Specify):*
 |

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| --- |
| *Language* |
| *Main spoken language:* | ***Will you require an interpreter?*** |