



# ST JOHN'S PRIMARY SCHOOL REDHILL

Pendleton Road  
Redhill  
Surrey  
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Mrs E Wombwell BEd (Hons)  
Head Teacher

**Breakfast and After School Club after hours no: 01737 763804**

## Contact, Password, Medical & Special Diet Requirement Form

Child's Name.....Date of birth.....Age.....

Parents Name.....

Contact No.....

Parent password..... Prompt.....

Type of diet requested /allergy identified.....

Please list specific details. Identify food that the child may / may not eat **for dietary reason or Religious reason Please specify:**

Does your child suffer from any of the following?

Diagnosed asthma	YES/NO	Diagnosed diabetes	YES/NO
Epilepsy	YES/NO	Diagnosed migraines	YES/NO
Any form of fainting	YES/NO		
<b>Allergies:</b>		Diagnosed hayfever	YES/NO
Allergic reaction to bee or wasp stings	YES/NO	Any other allergic reactions	YES/NO
Allergic reaction to Nuts	YES/NO	if so please give details in box below	
Is your child allergic to plasters	YES/NO		

Does your child take any medication for the above conditions? YES/NO

If you have answered yes please give details:

Any other medical conditions not listed above or any medication taken regularly in the morning:

Medical condition:

Name of medication:

Child's name .....

Parents name .....signature .....Date.....

