

CHILD'S FULL NAME

## Bishop Aldhelm's C.E. Primary School

Loved by God; United in Learning

courage and Inspirat

Headteacher: Scott Tait

Deputy Headteacher: Lizzie Sharpe

## **Lookout Club Allergy/Medical Needs Form**

CHILD'S DATE OF BIRTH	
HOME ADDRESS	
TEL NO	
PARENT/CARER'S NAME	
DAYTIME TELEPHONE NO.	
EMERGENCY CONTACT (if parent/carer is unavailable)	
CHILD'S DOCTOR	
DOCTOR CONTACT NUMBER	
	ical information i.e. Special diets, allergies, health conditions or should know about your child.
anything else the club leaders	
Please complete a ne	w Allergy/Medical Needs Form if any of the above details change.
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Bishop Aldhelm's C.E. Primary School is committed to safeguarding and promoting the welfare of all our children. Hamwic Education Trust. Registered address: Unit E, Mill Yard, Nursling Street, Southampton, SO16 0AJ. A charitable company limited by guarantee registered in England and Wales (Company Number 10749662)