

Medical Notes

Student's Name _____ Form _____

Doctors Details	Please tick	Please write Doctors Name
Weavers Medical Centre	<input type="checkbox"/>	
Linden Medical Centre	<input type="checkbox"/>	
Headlands Surgery	<input type="checkbox"/>	
Dryland Surgery, Field Street	<input type="checkbox"/>	
Rothwell Medical Centre	<input type="checkbox"/>	
Elizabeth Street Medical Centre, Corby	<input type="checkbox"/>	
Lakeside Surgery, Corby	<input type="checkbox"/>	
Willowbrook Health Centre, Corby	<input type="checkbox"/>	
Eskdail Medical Centre	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Medical Conditions

- None
- Epilepsy
- Diabetes
- Asthma
- Arthritis
- ADHD
- No NUTS of any type – **Please give details overleaf**
- Ramadan
- Operations – **please give details overleaf**

Medical Notes

- Artificial Colouring Allergy
- Gluten Free
- Kosher Foods Only
- No Dairy Produce
- Vegetarian
- No Pork
- Any Allergy – **Please give details overleaf**
- Other conditions – Please Give details overleaf

I hereby give authorisation for Kettering Buccleuch Academy to obtain the necessary medical treatment in the case of an emergency.

Signed _____ Parent/Guardian

Date _____

Additional information: (Please give details)

Operations:

Nut allergies:

Other allergies:

Other conditions:
