

CONFIDENTIAL
THE LONDON ORATORY SCHOOL
DECLARATION OF HEALTH BY PARENTS FOR A PUPIL

Name of Pupil (in full)		Form
Date of Birth	Age	NHS medical number
Home Address		
Telephone number		
Name of Parent/Guardian		
Name of Emergency Contact and Telephone Number		
Name, Address and Telephone Number of Doctor		
As far as you know, does your son/ daughter have any current illness or health problems?		
Is your son/ daughter on a course of prescribed medication?		
Is your son/ daughter receiving any medical treatment?		
Has your son/ daughter ever been admitted to hospital?		
Have your son/ daughter ever suffered from: <ul style="list-style-type: none"> (a) fits or any form of epilepsy? (b) allergic reactions or hayfever? (c) asthma or any chest disease? (d) rheumatic fever or heart disease? (e) a gastric or duodenal ulcer? (f) colitis or other bowel disorder? (g) dermatitis or eczema? (h) nervous disease or mental illness? 		
Has your son/ daughter ever had any other serious illness or disability?		
Please give full details and dates if you have answered 'yes' to any question.		
<i>(continue overleaf if necessary)</i>		
I declare that the above answers are, to the best of my belief, true and complete.		
Signature (parent/guardian):		Date:

Travellers from the UK, who are eligible, are entitled to free or reduced-cost emergency medical treatment in 17 EEA countries - in most cases on production of a completed Form E111 which is available from the Post Office. The European Economic Area consists of the member states of the European Union (EU) plus Iceland, Liechtenstein and Norway. The EC reciprocal health care arrangements apply to all of these countries.