



### Medical Details Update - 2022

Name:	Date of Birth:	Grade:
Does the student have any allergies? <i>(If yes, give details)</i>		
Does the student have asthma? <i>(If yes, give details of any treatment or medication.)</i>		
Does the student have any other medical conditions or illnesses? <i>(If yes, give details)</i>		
Does the student have any disabilities or additional needs? <i>(If yes, give details)</i>		
Name and contact number of father:		
Name and contact number of mother:		