

Father's name:										Place of Work/Occupation:									
Address (if different from above):																			
Work Tel:										Extension:									
Home Tel:										Mobile Tel:									
Main Email (please insert one character per box):																			

		Please provide details if answered yes to any questions:
Does he/she have any known medical condition?	Yes / No	
Does this require attention in school ie diet/medication?	Yes/No	
Is your child on regular medicine/treatment?	Yes/No	
Does he/she have any known allergies? ie egg, nut, fish etc	Yes/No	
Have any other professionals been involved with your child? ie Occupational Therapist, Physiotherapist, Speech and Language Therapist, Portage, etc	Yes/No	
Does he/she have any known speech or language problems?	Yes/No	

Is there any other information about your child that you would like to have recorded? E.g. religious affiliations, dietary requirements, etc.

Parent/Guardian Signature: _____ **Date:** _____