

LSA

technology and performing arts college



MEDICAL INFORMATION UPDATE

Name of Student: _____

Form: _____

College: _____

Date of Birth: _____

Tel Number: _____

Address: _____

GP Name: _____

GP Tel Number: _____

GP Address: _____

Medical Condition: _____

Please provide details of diagnosed medical condition including details of any medication that may need to be administered in school and any specific requirements relating to the treatment or management of the condition that school may need to know

Parent/Carer (Print Name): _____

Parent/Carer Signature: _____ Date: _____

Please print and return form to:

Mrs J Ramsden, LSA Technology & Performing Arts College, Worsley Rd, Ansdell, Lytham St Annes FY8 4DG or email to: jackie.ramsden@lythamhigh.lancs.sch.uk