Jubilee High School

Bourne Education Trust

Transforming schools... changing lives

MEDICAL/DIETARY INFORMATION

Please fill in the form below. If your child has any severe medical needs we will send a further form to you or ask you to come and meet with our medical staff at a later date.

Child's Name: ……

Medical (e.g. Nut/Gluten Allergy): ………………………………………………………………………………………………………

Dietary (Halal, Vegetarian): ………………………………………………………………………………………………………

DOES YOUR CHILD HAVE A SIGNIFICANT OR LIFETHREATENING FOOD ALLERGY?

PLEASE CIRCLE YES NO

PLEASE GIVE A BRIEF DESCRIPTION OF ALL MEDICAL CONDITIONS AND FOOD ALLERGIES IN THE BOX PROVIDED.

Parents Name: ……

Parents Signature ……