

Medical Information

GP Details

Name:

Address:

Tel:

Details of Diagnosis and/or Medical Condition(s)

(Please attach copies of any medical reports)

Declaration By Parent/Guardian

I, hereby give permission for my child to participate in the full range of activities in the school programme, both on and off school premises.

I wish to enroll my child _____ in St. Oliver's Special School.

I declare the above information to be correct and understand that it will be treated as confidential.

I confirm that I have made available to the school copies of any relevant reports on my child including any information as may be required under the Education and Welfare Act.

Signed: _____

Date: _____