

SALE GRAMMAR SCHOOL ENTRANCE EXAMINATION

MEDICAL INFORMATION FORM

If your child has a medical condition/disability please complete this form and return by **return of post and in any event no later than Friday 24th September 2010.**

The information provided will be kept confidential and the form will be destroyed after the assessment procedure has been completed.

Child's full name

Date of birth

Telephone No

Basic First Aid provision will be available at all Test Centres. However, if your child is likely to need more specialised attention it may be necessary to make arrangements to test the child at a more appropriate venue. Please give full details of any pre-existing medical condition/s that may require treatment or cause concern during the test session. These needs will be assessed to establish the most appropriate provision.

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Your child must bring any medication that may be required during the Test Session. Please ensure your child is capable of administering any medication unaided. Please provide details of any medication your child is bringing to the Test Centre.

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Parent/Carer (print please)

Signature of Parent/Carer Date

PLEASE NOTE THAT TEST CENTRE STAFF WILL NOT ADMINISTER ANY MEDICATION