



REQUEST FOR HEALTH CARD

Health cards will be authorised on provision of medical evidence / medical diagnosis.

Please complete the details below and attach a copy of your child's medical evidence which can be requested from your Consultant/GP/Practice Nurse/Other health professional (please specify)

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Please ensure your child knows that a Health Card cannot be shared

Childs Name : _____ Tutor _____ Date of birth _____

Address: _____ Post Code: _____

Condition/Illness/Allergy: _____

Specific Needs : _____

How long your child needs this Health Card for? _____

Parent/Guardian Contact Information:

Name: _____ Relationship to child: _____

Tel no: _____ Mobile number: _____

I understand that I must return this form to the Welfare Office.

Parent /Carer signature: _____

Date: _____