Appendix O: Temporary injury or illness form

|  |  |
| --- | --- |
| Child’s name |  |
| Group/class |  |
| Date of birth |  |  |  |  |
| Injury or illness  |  |
| Date |  |  |  |  |
| **Family Contact Information** |  |
| Name |  |
| Relationship to child |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| **G.P.** |  |
| Name |  |
| Phone no. |  |

|  |  |
| --- | --- |
| Support/ adaptations required  |  |

On behalf of Brookside Academy

Name…………………………………….. Signed……………………………………

Parent/Carer

Name…………………………………….. Signed……………………………………