Gisborne Intermediate School

Te Paekura

MEDICAL & OTHER INFORMATION FORM

Student Name:_____

Further Medical Information—if you have selected any on the online enrolment. *Please advise of any medical conditions (including allergies) that may require any healthcare response. Please inform the school if there are any changes.*
Medication / Dosage:
Dietary Requirements - *please list any dietary requirements for Food Technology or school lunches*:
Learning and support needs (e.g. dyslexia, ADHD) and/or agencies involved (e.g. ICAMHS, OT):

Parent / Caregiver signature Date