

Dear Parents / Carers

We are updating our school medical records and therefore ask that you complete the following table.

Childs Name.....

Class.....

Medical condition	Please tick if your child has this condition
Requires additional support with toileting / wears pull ups	
Asthma – and needs an inhaler	
Diabetes	
Allergy – and has an epipen Please circle the allergy or allergies Nuts egg dairy latex other please specify.....	
Eczema	
Prescribed long term medicine which needs administering in school Condition Type of medicine	
Any other condition, please specify	

We may ask our school Nurse to contact you about the above information.

If you require additional support in completing this form please see Mrs Sarang on a Monday or Tuesday.