



Photo of child to be inserted

Dear Parent/Guardian

If your child has a medical condition or an allergy/intolerance to certain foods that we need to be aware of in school please can you complete the form below giving as much detail as possible. Thank you

Medical Condition Form

Dear Parent/Guardian

If your child has a medical condition or an allergy/intolerance to certain foods that we need to be aware of in school please can you complete the form below giving as much detail as possible. Thank you

Child's Name	Class	
Medical Condition		
Details of Condition		
Medication Details (Inhaler, Epi pen etc) including expiry date if applicable		
What to watch out for		
What to do next		
Any other information		

Signed: Parent/Guardian

Date:

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