



**Name & Class:**

### **Medical Conditions Record**

As part of our annual information gathering procedures we contact the parent of every child to update our Medical Conditions Record.

- If your child has a specific medical condition, diagnosis, allergy or dietary requirement we would be grateful if you could complete the table below.
- If you have already informed the school of your child's condition please still complete the form and the information will be cross-referenced.
- If your child has no conditions then please add their name and write **NIL** on the form.

<b><u>Medical Condition</u></b>	<b><u>Asthma</u></b>	<b><u>Dietary Requirements</u></b>
<b><u>Allergies</u></b>	<b><u>Other Diagnosis</u></b>	<b><u>Medication/Dosage/Frequency/Timings</u></b>
<b><u>Triggers</u></b>	<b><u>Symptoms</u></b>	<b><u>Other Information</u></b>

**PLEASE RETURN THE COMPLETED FORM TO YOUR CHILD'S CLASSTEACHER.**

The Medical Conditions Record is shared with all staff to ensure the safety of your child and is kept securely in the school office.