

Pupil Name Class

Please complete and sign both sides of this form and return to the school office by Wednesday 14th September.

Medical Conditions

My child suffers from Asthma	Yes/No (please give details)
My child suffers from Eczema	Yes/No (please give details)
My child suffers from an allergy to/ dietary requirements	Yes/No (please give details)
My child has a medical condition (eg epilepsy, diabetes, kidney infection, hearing problems) and requires	Yes/No (please give details and state if medication is taken)
My child wears glasses	Yes / No
Please add any other medical infor- mation that you feel we need	

Signed (parent/carer) Date