

Academic Year 2017-18

Dear Parents

I would be grateful if you would complete the following medical slip about your child. We will use this information to create a medical list for all staff.

If we need to hold an inhaler for your child, please can you ensure it is in date. Please return by Monday 18th September.

Many thanks

Mrs Amanda Willis  
Headteacher

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Medical information

Name of child.....

Class.....

My child does / does not have any relevant medical conditions. (delete as appropriate)

Suffers from:

Asthma .....

Symptoms.....

Medication Needed.....

Allergies (please list) .....

Symptoms.....

Medication Needed.....