

Academic Year 2016-17

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 19th 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.....

Any other medical conditions (please list)