Please return to school as soon as possible

Medical Information – 2021/22 update

Name of child: …… Class: ……

Year Group: *(please circle)* R 1 2 3 4 5 6

1. **Does your child wear glasses?** ***(please circle)*** **Yes / No**

2. **Does your child suffer from an <u>allergy</u>/<u>intolerance</u> of any type?** ***(please circle)*** **Yes /No**

   If yes, please provide brief details of what they are allergic or intolerant to here

   ……

   ……

3. **Does your child suffer from any medical conditions?** ***(please circle)*** **Yes / No**

   [Please do not include information about asthma as this has already been detailed on your child's annual Asthma Health Care Plan form].

   If yes, please provide brief details here.

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If we have received confirmation that your child has an on-going medical condition, we will contact you to complete a more detailed Individual Health Care Plan (if not already completed) to ensure that we are meeting all your child's medical needs in school.