

Norden Community Primary School

**DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITIONS OR ALLERGIES?**

Your child's well being is very important. To ensure we are able to offer the care your child deserves we need to be aware of any health problems they may have **NOW**.

It is very important that you complete the form below and return it as soon as possible to enable me to pass the information on to my First Aiders.

**FAILURE TO INFORM US COULD CAUSE ADVERSE AFFECTS TO YOUR CHILD'S HEALTH**

If your child suffers from any allergy please complete Part 2 and insert a photograph in the place indicated, alternatively if your child suffers from any of the items mentioned in Part 1 please give details as requested. If your child does not suffer from any medical or allergy problems then please just fill in their name and class, sign the form and return to school immediately. Please note we need to receive a form for each pupil, even if it is a 'nil' return.

Name of Child  Class

Signature of Parent/Guardian  Date

**Part 1 – Medical Information**

Condition	Details/relevant info	Medication	
Asthma			Please provide a spare inhaler for backup
Eczema			
Hay fever			
Optical			
Hearing			
Speech			
Physical			
Any Other			

**Part 2 Allergy Form**

Name: \_\_\_\_\_

Allergy: \_\_\_\_\_

Class: \_\_\_\_\_

Contact: \_\_\_\_\_

Tel: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Action to be taken .....  
.....

Insert  
Photograph if your  
child suffers from  
any allergy