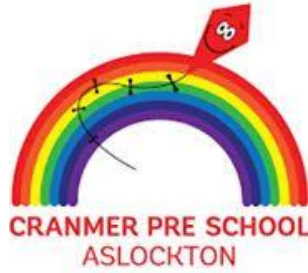


Medical Needs Form - Academic Year 2019-20



Dear Parents and Carers

We would be grateful if you could complete and return the form below to the school office, providing us with any relevant information regarding your child's medical, emotional or dietary needs.

Allergies, wearing glasses or any kind of medical need your child has, must be recorded on our register. Even if you have notified us before about your child's need, we would still appreciate you providing ALL relevant information to avoid any pertinent information being overlooked. This is a confidential document however if you would like to discuss any concerns, please contact Pre School.

Thank you for your continued support.

Medical Needs Form - Academic Year 2019-20

Child's Name

Class **Pre School**

- | | | |
|--|----------|----------|
| My child wears glasses | YES / NO | |
| My child has food allergies / intolerances | YES / NO | |
| My child has dietary needs | YES / NO | |
| My child is a vegetarian | YES / NO | |
| My child is a vegan | YES / NO | |
| My child has been diagnosed with asthma and uses an inhaler | YES / NO | YES / NO |
| My child uses an inhaler for an occasional / seasonal wheeze | YES / NO | YES / NO |
| My child takes regular medication | YES / NO | YES / NO |

If you have answered YES to any of the above questions, please provide further details (*please describe all medical, emotional or dietary needs below, including any allergies and medication prescribed / taken.*)

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.....

.....

Signed Parent / Carer Date

Our commitment to maintaining high standards in pupil safeguarding includes providing photographic identification for first aid and catering staff. A photo is taken which will not be used for any other purposes.

If you **do not** want your child to be photographed for this purpose, please indicate here []