

**MEDICAL MATTERS**

***If circumstances change during the year it is most important that you inform us immediately.***

Child's name \_\_\_\_\_ Class \_\_\_\_\_

**Please circle as appropriate**

My child suffers from the following:

ASTHMA                      YES                      NO

DIABETES                      YES                      NO

ANAPHYLAXIS                      YES                      NO

My child needs an Asthma Inhaler to be kept in school:                      YES                      NO

***If YES, please supply clearly labelled inhaler and complete the form which is held in the school office.***

My child has diabetes/anaphylaxis and needs up to date medication kept in school:                      YES                      NO

My child has an allergy:                      YES                      NO

If YES, please state allergy and treatment required

---

---

---

Other medical conditions or information that you wish to record:

---

---

---

---

---

Signed \_\_\_\_\_(Parent/Guardian)