

## **MEDICAL FORM**

If your child has a medical condition which requires medication, please complete this form and return to the school office.

| Name of child   |  |
|---|--|
| Nature of Medical condition eg asthma, allergy, epilepsy, anaemia etc |  |
| Has your child got a care plan issued by the NHS?                     | Yes / No  If yes, please ensure that the school has an updated copy of the plan. |
| Details of Medication   |  |
| Symptoms  |  |
| Any other information you think may be helpful to the school          |  |

The School Business Manager will contact you to provide you with the correct forms and plans for the administration of the medication before the summer holidays.