

Dear Parent/Guardian,

In order to keep our records up to date we would be grateful if you would complete this form and return it to school as soon as possible.

MEDICAL UPDATE FORM

Pupils Name..... Class..... Date

Please include any previous medical conditions/allergies on this form, or it will be assumed that these no longer apply.

MEDICAL CONDITIONS AND TREATMENT IF APPLICABLE:

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ALLERGIES AND TREATMENT IF APPLICABLE:

(Please include **all** types of allergies e.g. elastoplasts, bee stings, grass, pollen, animal hair, dust mite, **and all** food allergies like dairy products etc.)

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In addition, we **do not** carry written permission over from one year to the next for regular collection arrangements made for your child from school. Therefore, if you have made arrangements with other parents or family members and have not yet notified us of these, please complete the following section.

n.b. Please continue to notify teachers or the office in the morning if your child is being collected by someone different as a one off event.

ARRANGEMENTS FOR HOME TIME

Pupils Name..... Class..... Date

I give permission for my child to be collected by

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*Daily / as and when required / other (please specify)

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***please delete as appropriate.**