REDLANDS PRIMARY SCHOOL
MEDICAL FORM

Tel: 01909 473655 **Head Teacher**
Fax: 01909 530928 **Mr S Walker**

SW/AK

Dear Parents

It is imperative that you fill in this questionnaire and return it to school as soon as possible to ensure your child's safety.

Name of child..... DOB.....Class.....

Does your child use an **asthma inhaler**? Yes No

If **yes**, what type and when is it needed? Should your child keep one at school as well as home?

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Is your child **allergic** to anything, including hayfever and particular types of food.

Yes No

If **yes**, to what and what action is necessary? And do we have written confirmation by way of a letter from your Doctor to confirm this.

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Does your child have any special dietary requirements/preferences?

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Are there any other medical problems that we should be aware of, should your child require first aid treatment at school?

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SIGNED Parent/Guardian …….…… **DATE**……..