



## Important

It is important we review first Aid requirements and Care Plans for any medical conditions for September. The care plan has changed and will need to be updated.

We need to know if your child has a **diagnosed medical condition** so that we can put a new care plan in place as we have a duty of care to do so.

We need you to look at the list of medical conditions and tick if your child has any of them. Please return the form with all the information filled in that we require. If you **do not return the form** we will take it that your child no longer has a medical condition.

My Childs Name: \_\_\_\_\_ Class: \_\_\_\_\_

My child has one of the following medical diagnosed medical conditions.

Asthma       Eczema       Epilepsy       Psoriasis       Sickle Cell

Heart Condition  \_\_\_\_\_ Any Other  \_\_\_\_\_

My GP Surgery (please include name, address, tel number)

The Asthma clinic is (please include name, address, tel number. If your child has not been reviewed we suggest you take them to be seen by your GP as they may have grown out of it. We also need to know the triggers for your child's asthma and they need to have an inhaler in school for PE, trips etc.).

My child's epilepsy nurse (please include name, address, tel number)

**\*Please return this form as soon as possible otherwise we will take it that your child has no medical condition.**

**\*\*Please do not put down that your child has an allergy to specific food if it is just that they do not like it. We need to have Medical evidence if they have allergies to certain things.**