 **Dietary and Medical Needs**

It is imperative that your child's current medical/dietary/allergy requirements are regularly updated on their school file and that up-to-date Health Care Plans are in place, where appropriate. Could you please complete this form with your child's current information, sign and return to school.  **PLEASE COMPLETE EVERY SECTION EVEN IF IT IS TO SAY N/A (Non-Applicable).**

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Year Group:\_\_\_\_\_\_\_\_

|  |
| --- |
| Does your child have any existing medical diagnoses (e.g. any allergies; diabetic; epilepsy; glue ear, asthma, eczema etc)? Please detail in space provided. |
| Does your child have any dietary needs (e.g. allergies; religious etc)? Please detail in the space provided. |
| Is your child currently under any medical professionals (e.g. Consultant; Paediatrician; Audiology; Orthotics; ENT etc)? Please detail in space provided. |
| Is your child on any regular medical treatment (e.g. Epipen; Inhaler; Steroid cream; Antihistamine; Insulin; ADHD medication; Sleep medication etc)? Please give details (including name of medication, type of medication, dosage and timings) in the space provided. |
| Does your child need to use any specialist equipment on a daily basis (e.g. hearing aids; glasses; orthotic insoles etc)? Please detail in the space provided. |

|  |
| --- |
| Does your child’s health pose any risk to them or to others in the school environment?If so, what? |
| Regarding your child’s medical needs please describe the signs that we should be aware of which might indicate the onset of an emergency and the action that should be taken; |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_