

Parent notification to school – Medical conditions

Name of child _____ DOB ____/____/____

- **None known**

Allergic reactions

- Suffers from allergic reaction to _____
- Takes medication for allergic reaction Yes/No
- Has an Epipen been prescribed (for severe allergic reaction) Yes/No
- Does the school hold an Epipen Yes/No

Asthma

- Suffers from mild asthma Yes/No
- Takes preventative medication Yes/No
- If Yes which medication is taken? _____
- Carries an inhaler or has an inhaler based with the class teacher Yes/No
- If Yes which medication is held by the school? _____

Other medical problems of which the school should be aware _____

If your child has an allergy or medical condition detailed above we would like to display a photograph of your child, along with their name and the allergy/medical condition, on a Medical Alert poster. This poster will be displayed in key areas of the school such as the office and staff room.

I, the parent of _____ (child's name) **do / do not** give consent for their details to be displayed in school on a Medical Alert poster (please delete as appropriate).

Name: _____ (Parent/Guardian)

Signed: _____ Date: _____