

Medical Conditions Information Form

Please complete and return this form to the school office by **FRIDAY 2ND OCTOBER.**

Child's full name	
Year Group	
Which statement applies?	
My child has NO medical condition:	☐ Please tick if appropriate
My child has a medical condition you need to be aware of but NO support or adjustments are needed.	Please provide more information:

My child has a medical condition that requires support or adjustment (e.g. intolerance/allergy/asthma). An IHP is needed.	Briefly outline the condition: Did your child previously have a healthcare plan? Do you need support with completing the plan?
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Signed		Date	
Print name			

Thank you for helping us keep our medical records accurate and up to date.