



# Medical, Diet and Allergy Update Form

Dear Parents/Carers,

At Osaldwick Primary School your child's needs are our priority.

In order to help us fulfill these needs we would be grateful if you would fill in this form and return to school as soon as possible.

*Even if you have provided us with information in the past we would be grateful if you could do so again in order for us to check against our held records.*

Thank you for your help with this matter,

The School Office Team, Osaldwick Primary School

**CHILD'S**

**NAME**.....**CLASS**.....

**Medical Needs (please detail)**

Permission for school to administer first aid      yes/no

**Allergies (Please detail) e.g. penicillin, dairy, nuts NOT dislikes**

**Dietary Needs (Please detail) e.g. no pork products, vegetarian, Halal only, dairy free NOT dislikes**

SIGNED.....PARENT/CARER

DATE.....