

Dear Parent / Guardian,

If your child has a medical condition or an allergy / intolerance to certain foods that we need to be aware of in school please can you complete the form below giving as much detail as possible. Thank you.

Medical Condition Form

Child's Name	Class	
Medical Condition		
Details of Condition		
Medication Details (Inhaler, Epi pen etc) including expiry date if applicable		
What to watch out for		
What to do next		
Any other information		

Signed _____

__Parent/Guardian D

Date _____



www.osbaldwick.ebor.academy | Email admin.osb@ebor.academy | Tel: 01904 806429

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