



Staynor Hall

INFORMATION

Medical Conditions

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.

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

Signed _____ Parent/Guardian Date _____