

First names:		Surname:	
Date of birth:		Primary school:	
	Please ✓ either YES or NO		
	NO	YES	If ✓ YES, please give full details (continuing overleaf if necessary)
My child will need to take prescribed medication during school hours.			
I give permission for my child to be given generic paracetamol in school.			
My child is asthmatic and will carry a blue inhaler for self-medication			
My child has an allergy for which he/she will carry an Epi-pen.			
My child has an allergy (other).			
My child is registered disabled.			
My child has a physical/medical need I wish the school to be aware of.			
	NO	YES	If ✓ YES, please give full details (continuing overleaf if necessary)
My child has additional needs affecting their learning I would like the opportunity to discuss			

Name of Parent / Carer: