



## Dietary and Medical Needs

It is imperative that your child's current medical/dietary requirements are regularly updated on their school file and that up-to-date Health Care Plans are in place, where appropriate. Could you please complete this form with your child's current information, sign and return to school.  
**PLEASE COMPLETE EVERY SECTION EVEN IF IT IS TO SAY N/A (Non-Applicable).**

Child's Name: \_\_\_\_\_ Child's Year Group: \_\_\_\_\_

Does your child have any existing medical diagnoses (e.g. allergic to nuts; diabetic; epilepsy; glue ear, asthma, eczema etc)? Please detail in space provided.

Does your child have any dietary needs (e.g. allergies; religious etc)? Please detail in the space provided,

Is your child currently under any medical professionals (e.g. Consultant; Paediatrician; Audiology; Orthotics; ENT etc)? Please detail in space provided.

Is your child on any regular medical treatment (e.g. EpiPen; Inhaler; Steroid cream; Antihistamine; Insulin; ADHD medication; Sleep medication etc)? Please detail (including name of medication, type of medication, dosage and timings) in the space provided.

Does your child need to use any specialist equipment on a daily basis (e.g. hearing aids; glasses; orthotic insoles etc)? Please detail in the space provided.

Does your child's health pose any risk to them or to others in the school environment?  
If so, what?

Describe the signs that we should be aware of which might indicate the onset of an emergency and the action that should be taken;

Signed: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Date: \_\_\_\_\_