# MEDICAL CONDITION / ALLERGY FORM

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| **PUPIL** |  | PHOTO |
| Name of child |  |
| Date of birth |  |
| Class |  |

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| **DETAILS OF CONDITION / ALLERGY** |
| Medical condition, illness or allergy |  |
| Initial signs and symptoms |  |
| Presentation of condition |  |
| Treatment required |  |
| Other information |  |
| Procedures to take in an emergency |  |

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| **PARENT/CARER DETAILS** |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |

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| Signature(s)  |  | Date |
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