



**NOTIFICATION OF MEDICAL CONCERNS/ISSUES**

**CONFIDENTIAL**

**SEPTEMBER 2016**

Dear Parents

We kindly request that this form is completed by all parents and returned to your child's class teachers as soon as possible. The information will be treated as confidential, but adults in school who need to know will be informed.

Name of child .....

Date of birth.....

Child's class teacher.....

Does your child have any medical conditions/allergies? Yes/ No (please delete as appropriate)

If yes please outline below:

My child has the following medical conditions/ allergies **other than asthma** (please explain fully)

If your child requires medicine during the school day for a short illness, we ask that a nominated adult comes into school to do this .Please note, Oxfordshire Education Authority states that teaching and non-teaching staff are not authorised to administer medicine to pupils.

**ASTHMA**

**My child..... has been diagnosed with asthma and requires an inhaler in school at all times.**

**My child..... has seasonal asthma and requires an inhaler in school occasionally.**

If your child has an inhaler in school it is your responsibility that it is clearly labelled and in date

Thank you for your continued support and cooperation.

I have read and understood the above.

Signed..... Date.....

**PLEASE NOTIFY THE SCHOOL IMMEDIATELY IF THERE IS ANY CHANGE TO THE ABOVE INFORMATION**

Headteacher; Mr N Blackwell BSc NPQH