

**Messingham Primary School Medical Form**

Name of Child: \_\_\_\_\_ D.O.B \_\_\_\_\_

My child has a medically diagnosed condition or allergy as listed below: (use further information sheet if required)

<b>Condition</b>	<b>Details</b>	<b>Emergency Care</b>	<b>Medicine Held in School</b>	<b>Care Plan Required Y/N</b>
Diagnosed Asthma				Y
Diagnosed Allergy				Y if emergency care required
Diagnosed food Intolerance				Y if emergency care required
Diagnosed Conditions (Other)				Y if emergency care required

**Any other undiagnosed conditions or allergies that you would like us to be aware of:**

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