**ALL SAINTS’ CHURCH OF ENGLAND FEDERATION OF ACADEMIES HESSLE**

**MEDICAL FORM 2024/25**

**IMPORTANT: If your child has a complex medical condition, please make an appointment to come in and discuss it with staff. We will work with you to manage your child’s condition in school. Once you have completed this form it is your responsibility to inform the school of any changes to your child’s health or medical information which the school needs to know.**

**The school will administer First Aid to your child when necessary. In an emergency, we will take your child to a hospital if we cannot contact you. If you do not consent to either of the above, please state this in writing to the Executive Headteacher.**

**NAME OF CHILD……………………………………………………………………………CLASS ………………**

1. Does your child have any diagnosed medical conditions? **YES/NO**

If **YES**, please give brief details

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1. Does your child have any medical conditions requiring medical treatment, including medication? **YES/NO**

If **YES**, please give brief details

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1. Does you son/daughter have any allergies – for example to medication, pollen or specific foods? **YES/NO**

If **YES**, please give brief details

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**D.** Please outline any special dietary requirements of your child (e.g.**Vegetarian,** **gluten free**/ **no dairy** etc)

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**Name and Surgery Address of Family Doctor:**

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**Signature of Parent/Guardian** ………………………….…………………..Date………………………..