

HEALTH DECLARATION

Child's Name.....

Doctor Information

Family Doctor's Name:	
Address:	
	Postcode:
Telephone Number:	

Pre-School Booster

Has your child had their pre-school booster?

Yes / No

Dietary Requirements

Please give details of any **dietary requirements** or restrictions. It doesn't matter if your child will have packed lunch or not, as at times your child will take part in food technology lessons. *Please make sure that you keep the school updated if dietary requirements change.*

Health Information

<input type="checkbox"/> Allergy (please specify below)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (please specify below)

Asthma

In the event that your child's inhaler is not available, runs out, or is faulty, do you agree to your child receiving salbutamol from the emergency pump held at school

Yes / No

Details of any allergies, illnesses or disabilities:	Details of any medication:

Please make sure that you keep the school updated if any medical information changes