



Name of child Year

Food Allergies and Dietary Requirements

Does your child suffer from any allergies?

If yes, please confirm what it is

.....

How does it affect them?

.....

Do they require any medication for this **YES/NO**

Does your child have any dietary requirements? **YES/NO**

Please specify

.....

.....

Medical Conditions

Does your child suffer from any medical conditions? **YES/NO**

If yes, please give details

.....

Do they require any medication? **YES/NO**

If yes, please give details (name and dosage)

.....

Do we have any medicines in school for your child? (e.g. Paracetamol, Asthma spray etc.) **YES/NO**

If yes, please give details

Name of Medicine and dosage

.....

I hereby give permission for school to administer the above medicines to my child when stated.

Print Name Signature

Relationship to the child Date

Please note: We will not be able to administer any medications to your child if you have not completed a permission form.