



## Allergy / Medication Notification

Dear Parent / Carer

It is important that your child's teacher is aware of any allergies affecting your child or any medication your child ought to be on.

This does not include temporary medication for coughs and colds, but permanent medication eg the use of an inhaler.

For this reason we would like you to complete the slip below and return it to school as soon as possible. If the situation changes throughout the school year, you must inform your child's class teacher as soon as possible.

Child's name: ..... D.O.B.: .....

Class teacher: .....

Does your child suffer from any type of allergy?    **Yes**        (If yes please indicate):-

**No**   

a. Type of allergy: .....

b. Type of medication: .....

c. Medicine consent form completed date .....

Does your child have medication for any other reason?

**Yes**        (If yes please indicate):-

**No**   

a. Reason for medication: .....

b. Type of medication: .....

c. Medicine consent form completed date .....

Signed: ..... Parent / Carer

Date: .....