



Moorside Primary Academy Safeguarding/Medical Information Form

| Name of Child | Password |
|--|-----------------|
| <p style="text-align: center;">Allergies / Medication</p> <p>Please provide details of any allergies/medication your child has.</p> | |
| <p style="text-align: center;">Home-time adults</p> <p>Please provide a list of any adults who are authorised to collect your child</p> | |