



St Peter's Catholic High School

A Specialist Visual Arts College



MCG/HOU

May 2016

I would be grateful if you could complete the proforma below if your child has any medical conditions and/or allergies that School should be made aware of and return it as soon as possible to the School Office.

All information received will be treated in confidence.

Thank you for your assistance.

Yours sincerely,

A. McGlown (Mr)
Headteacher

To: School Office

Child's Name _____ Form _____

Medical Details

Date _____ Signed _____ (Parent/Carer)

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Headteacher: Mr. A. McGlown M.A. (Oxon) N.P.Q.H