

**ALLERGY FORM**

Name of Pupil: .....

Class: .....

Nature of allergy

What medication does your child need?

Details of health care plan

Emergency contact name & telephone numbers: (please print clearly & state relationship to pupil)

**Contact 1:**

Relationship to Pupil: .....

Name: ..... Daytime no: .....

**Contact 2:**

Relationship to Pupil: .....

Name: ..... Daytime no: .....

On the first day of term, please send into school a box clearly marked with the name, emergency contact details and 3 passport size photos of your child. The box should also contain relevant medication, e.g. EpiPen, inhalers, etc., and a copy of a school health care plan. It is your responsibility to ensure that all medication is within the prescribed date. At the end of the summer term, parents of year 6 pupils must collect any medication from the school office.