



HOLYWELL FIRST SCHOOL

Dear Parents

In order to keep children’s records up to date, we need to collect medical data on all pupils, this information is kept strictly confidential, however, it does give us an insight into the medical backgrounds and any illnesses or ongoing complaints that your child might have or could be afflicted with whilst at school.

I would appreciate it if you could complete the attached form as thoroughly as possible and return it to school as soon as possible.

Many Thanks

Mrs E Reed

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Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Medical Conditions (including Asthma, Eczema and any other childhood ailments which require any form of treatment.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment, dosage and regularity:

\_\_\_\_\_  
\_\_\_\_\_

NB Any medication, required to be administered to a child during school hours, requires the completion of a consent form and arrangement with the Head Teacher.

Signed \_\_\_\_\_



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