Allergies, Illnesses and things that are important:-

Please ensure we know as much as possible about your child to make starting school a smooth transition. You will have an opportunity to talk individually to the class teacher about likes and dislikes but we need to know of anything that will make a difference to their school day and make them unwell.

Child's Name ..... **class**.....

Illnesses: If your child suffers with anything that they take regular medication for, or have regular hospital appointments, please write the information on here.

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Allergies: Does your child have any allergies to foods, animals, plants, plasters or anything else?

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Dietary Requirements: Due to religion, or not covered in previous sections.

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Anything else you think it is important to have on file (better to know so that we can deal with situations appropriately). E.g. bereavement, change in circumstance etc.

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Thank you - together we can make school an amazing experience

You may withdraw your consent at any time by informing the school in writing