



Our Lady of the Way Primary School

Date:

Dear Mrs Zarlenga,

Our child has a medical condition that the school needs to be aware of. . Could you please add the following information into the schools medical conditions register.

Child's Name

Class:

Condition:

Please describe the condition.

How does this condition affect your child?

How do we need to treat the condition at school?

What medication will you be supplying to the school?

Is this condition life threatening?

What should we do in an emergency situation?

Is there anything else we need to know?

Signed: _____ Dated: _____

(Parent/Guardian)