



**Robert Wilkinson**  
PRIMARY ACADEMY

Dear Parent / Guardian,

If your child has a medical condition or an allergy / intolerance to certain foods that we need to be aware of in school please can you complete the form below giving as much detail as possible. Thank you.

## Medical Condition Form

Child's Name		Class	
Medical Condition			
Details of Condition			
Medication Details (Inhaler, Epi pen etc) including <b>expiry date</b> if applicable			
What to watch out for			
What to do next			
Any other information			

Signed \_\_\_\_\_ Parent/Guardian      Date \_\_\_\_\_



EBOR ACADEMY TRUST

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