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|  | **TOWNFIELD PRIMARY** **Notification of Medical Condition Form**  |

**CHILD DETAILS**

Name of Child

Date of Birth

Year Group/Class

**MEDICAL CONDITION**

□ ADHD □ Asthma □ Anaphylaxis (severe allergy)

□ Diabetes □ Epilepsy □ Other (provide details below)

Other condition

Brief condition

information/summary

**MEDICAL CONDITION SUPPORTING DOCUMENTATION**

□ IHCP (if available) □ Asthma Card □ Allergy Action Plan

□ Diabetes Record □ Epilepsy Record □ Other (provide details below)

Other condition