



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 _____