

Medical, dietary and special requirements.

**\*Please fill in and return to school by Wednesday 18<sup>th</sup> December 2020.**

Child's name: \_\_\_\_\_.

Does your child have any special dietary requirements? Y/N

\*Please note that this does not cover food preference. Please only give details of food allergies, etc...

If 'yes' please go into as much detail as possible:

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Does your child require regular medication? Y/N

If 'yes' please state the name of the medication, the dose and how often it should be administered:

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Is there anything else you would like us to know about your child? *I.e. particular worries or concerns they may have, if they have never stayed away from home before, etc...*

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Signed: \_\_\_\_\_ (Parent/Carer)

Date: \_\_\_\_\_