



Grazebrook Primary School
Lordship Road, London N16 0QP
Telephone: 0208 802 4051

GBoffice@newwavefederation.co.uk
Interim Executive Headteacher: Ms Nicole Reid
Headteacher: Ms Jess Hutchison

Wednesday 5th September 2018

Dear Parents and Carers,

RE: Food allergies/intolerances and dietary requirements

At the start of every academic year, Grazebrook Primary School updates all of its records. Whether your child has a historic food allergy/intolerance or dietary requirement or has a new condition that we are not aware of, please complete the reverse side of this letter and detail your child's food requirements. **Please do not include food preferences** e.g. food that your child simply does not like.

Please ensure that the form;

- Is completed in as much detail as possible so we are fully aware of your child's needs.
- Is signed and dated
- Is returned to the school office.

Some pupils may require Individual Health Care Plans or need these updating. You will be contacted separately if your child needs one of these.

If you seek further assistance you may wish to speak to the School Nurse **Victoria Honeyghan** please email her on **huh-tr.schoolnursescentralcontact@nhs.net** or contact her on **0207 683 4991**.

Alternatively you may wish to book an appointment with myself. You can do this via the main office.

Thank you if you have already returned a copy of this form to the office this September.

Thank you in advance for your cooperation.

Yours sincerely
Yours sincerely

Ms Jennifer Smith
SENCO

Grazebrook Primary School

INDIVIDUAL MEDICAL INFORMATION 2018-2019

Details of Pupil

Name.....

Gender.....DOB.....Class.....

Medical condition:.....

Allergic to:.....

Medication (please complete if your child requires medication to manage their medical need or allergy)

Medication MUST be prescribed by a Doctor. We are not able to receive or administer medication that has not been prescribed. Medication MUST be received in its original container.

Name of Medication as described on prescription label.....

For how long has your child already been taking this medication.....

For how much longer will your child take this medication.....

Expiry Date on medication.....

Amount of medication brought into school.....

Form of medication e.g. liquid/tablet/epi-pen x2 /inhaler x2 (Reliever Blue Only).....

Dosage as described on prescription label.....

Possible Side Effects.....

Individual Health Care Plan required Yes/No (please circle).....

Contact Details

Parent/Carer name.....Relationship to pupil.....

I give permission for my child to administer the medication themselves/ I give permission for a school staff member to administer the medication as stated on this form/I will be coming into school to administer the medication (delete as appropriate). I accept that this is a service that the school is not obliged to undertake.

Name.....Date.....

Signature.....

The school will not give your child medicine or allow them to administer their own medication unless you complete, sign and date this form. It is your responsibility to ensure that the school has correct and up-to-date medical information and medication to manage your child's medical needs and/or allergies.

