



**Student Medical Needs Proforma (including requests for special diets)**

<b>Name of Student</b>	
<b>Date of Birth</b>	
<b>Medical Conditions (Please ensure that you give as much information as possible)</b>	
<b>Prescribed medication to be taken in school:</b>	
<b>Type of inhaler used</b>	
<b>Non-prescribed medication to be taken in school:</b>	
<b>Allergies</b>	
<b>Prescribed medication taken (including EpiPen)</b>	
<b>Please give the name and contact details for any medical professional supporting your child e.g. Diabetic Nurse</b>	
<b>If your child requires a special diet due to a medical need or an allergy you must provide evidence from a GP and/or a dietician</b>	
<b>Signed</b>	
<b>Relationship to student</b>	
<b>Date</b>	