

Seghill First School

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Northumberland, NE23 7SB

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Headteacher: Miss T Chappell



06 September 2019

Dear Parents and Carers

Medical conditions and allergies

| | |
|--|--|
| Name of child | |
| Class | |
| Date of birth | |
| Medical condition | |
| Symptoms | |
| Medication that my child takes / needs to have access to during school hours | |
| Allergy to | |
| Symptoms / evidence of reaction | |
| Medication / actions that must be taken if we see symptoms / evidence of reaction | |
| Name of Doctor | |
| Name of Surgery and telephone number | |
| Emergency contact name | |
| Emergency contact number | |

Please complete and return this form to school by **Friday 13 September IF your child has a medical condition or allergy**. Please do not return the form if your child does not have a medical condition or allergy.