

# WRINGTON C of E PRIMARY SCHOOL

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Headteacher Ms Sarah Joskey MA

*"Cherish and nurture, flourish and aspire"*

\* Please delete as applicable. You may need to complete further documentation should any of the below apply.

Child's Name ..... Class .....

1\* This is to confirm that my child suffers from asthma. He/She is on the following medication:

And I acknowledge that he/she will need to provide the school with two of any inhalers prescribed – one to be kept in class and one to be kept in the medical box.

2\* My child is allergic to:

And the following action is necessary if a reaction occurs

3\* My child has the following medical conditions (please supply details)

Signed: .....  
Parent/Carer

Date:.....

