

# Medical Conditions, Allergies & Intolerances



Staynor Hall

Child's Name:

Class:

Medical Condition:

Details of Condition:

Medication Details:  
(Inhaler, Epipen,  
etc)

What to watch  
out for:

What to do next:

Any other  
information:

Signed:  
(Parent/Carer)

Date: