



Great Dunmow Primary School, Walnut Walk, Woodlands Park Drive,
Great Dunmow, Essex, CM6 1ZR

MEDICAL INFORMATION

Please complete the enclosed form indicating if your child has any medical conditions, for example: - asthma, food allergies, eczema etc.

Child's Name _____ Class _____

My child suffers from the following conditions:-

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

My child requires the following medication:-

- _____
- _____
- _____

My child attends / has attended speech therapy.

Please give brief details _____

Please return this form to the school **ASAP**. Where your child has no medical requirements please mark n/a and return to the school.